THE PERCEPTIONS OF SOCIAL WORKERS REGARDING THE RELATIONSHIP BETWEEN SEXUALIZED BEHAVIOUR AND SELF-NURTURING AMONGST CHILDREN IN MIDDLE CHILDHOOD

by

Lizahne Greeff

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SUMMARY

The perceptions of social workers regarding the relationship between sexualized behaviour and self-nurturing amongst children in middle childhood.

By

LIZAHNE GREEFF

SUPERVISOR: Prof. G.M. Spies

DEPARTMENT: Social Work and Criminology

DEGREE: MSW: Play Therapy

There are very few extensive sample studies that target normative versus pathological sexual behavioural problems. Debate exists around the role of attachment when treating children who come from chaotic backgrounds. Children from these backgrounds may lack the stability and predictability that they need in order to develop the appropriate skills to regulate their affects, understand and maintain healthy and safe relationships, and develop a strong sense of self and good behavioural control mechanisms.

Because of a lack of knowledge regarding sexualised behaviour, social workers working with children in middle childhood may find it difficult to distinguish between appropriate and less appropriate sexualised behaviour in children in their middle childhood. It may happen that appropriate sexualised behaviour in children is labelled as problematic, while the function of the behaviour may in fact be defined as an act of self-nurturing.

The researcher has since asked the question about the link between sexualised behaviour and self-nurturing amongst children in children's homes. The relationship between these two variables can have a significant effect on the way professionals view children who display sexualised behaviour in institutions where there is a lack of affection and significant attachment to adult figures.

Children in middle childhood who display sexualised behaviour have specific needs that role players, specifically social workers, have to keep in mind in order for effective intervention to take place. If discrepancies exist in this area, it could impact negatively on the implementation of services rendered to these children.

For the proposed study the collective case study design was the most appropriate design as the researcher collected and analyzed qualitative data by to doing semi-structured interviews. The semi-structured interviews were used to gain a detailed picture of participants' beliefs or perceptions about, or accounts of the particular topic. Qualitative data was analyzed by means of planning for the recording of the data, managing and organizing the data, reading and writing memos, generating themes, categories and patterns in order to prove or contest a hypothesis. In order to ensure the success of the study, the researcher did a pilot study before the main investigation itself and ethical aspects were adhered to by the researcher throughout the study.

Through the empirical study, it can be concluded that there is a significant relationship between sexualized behaviour and trauma that children experience. However, when sexualized behaviour as a nurturing mechanism becomes obsessive, compulsive and there is no balance, then only can it be viewed as a problem and should be addressed. It is important to remember that 'sexual play' should be seen as a normal part of childhood development. There was general consensus that sexualized behaviour could be regarded as a self-nurturing mechanism. Focus was put on the needs of children and how it related to inappropriate sexualized behaviours and self-nurturing as a need in itself. It was recommended that there should be improved service delivery to children, who manifest with sexualized behaviour, training for professionals and lastly continual research on the subject.

The following are key concepts used in this study:

- o Perceptions

- o Relationship

- o Sexualized behaviour

- o Self-nurturing

- o Child

- o Social worker

- o Middle childhood

SAMEVATTING

Die persepsies van Maatskaplike Werkers aangaande die verhouding tussen geseksualiseerde gedrag en selfkoesterende gedrag by kinders in die middel-kinderjare

Deur

LIZAHNE GREEFF

TOESIGHOUER/STUDIELEIER: Prof. G.M. Spies

DEPARTEMENT: Maatskaplike Werk en Kriminologie

GRAAD: MA: Spelterapie

Daar is weinig grootskaalse ondersoeke gerig op die normatiewe teenoor die patologiese seksuele gedragsprobleme gedoen. Debatte bestaan rondom die rol van bindings wanneer kinders behandel word wat uit chaotiese agtergronde kom, By kinders vanuit hierdie agtergronde mag die stabiliteit en voorspelbaarheid ontbreek wat nodig is om die toepaslike vaardighede van hul gevoelens, die begrip om gesonde en veilige verhoudings te verstaan en die ontwikkeling van 'n sterk gevoel van eiewaarde en goeie gedragskontrolemeganismes te ontwikkel.

As gevolg van die gebrek aan kennis rakende seksuele gedrag, kan maatskaplike werkers wat met kinders in hulle middel-kinderjare te doen het, dit moeilik vind om te onderskei tussen toepaslike en mindertoepaslike seksuele gedrag by hierdie kinders. Dit mag gebeur dat toepaslike seksuele gedrag by kinders as problematies bestempel word, terwyl die funksie van die gedrag egter gedefinieer kan word as 'n daad van selfkoestering.

Die verband tussen seksuele gedrag en selfkoestering by kinders in die kinderhuis word daarom deur die navorser bevraagteken. Die verhouding tussen hierdie twee veranderlikes kan 'n betekenisvolle uitwerking hê op die professionele uitkyk op kinders wat seksuele gedrag openbaar in inrigtings waar daar 'n gebrek is aan affektiewe en betekenisvolle gehegtheid teenoor 'n volwasse figuur.

Kinders in hul middelkinderjare wat geseksualiseerde gedrag openbaar, het spesifieke behoeftes wat deur die maatskaplike werker in ag geneem moet word ten einde effektiewe ingryping te verseker. Indien daar teenstrydighede op hierdie gebied

bestaan, kan dit 'n negatiewe impak hê op die implementering van die diens wat aan hierdie kinders verleen word.

Die kollektiewe gevallestudie was die mees toepaslike ontwerp vir die voorgestelde studie. Die navorser het kwalitatiewe data ingesamel en ontleed deur middel van semi-gestruktureerde onderhoude. Die semi-gestruktureerde onderhoude is gebruik met die doel om 'n gedetailleerde prentjie van die deelnemers se menings oor, persepsies van en verklarings rakende die onderwerp te skets. Kwalitatiewe data is ontleed by wyse van die beplanning van die data-opname, bestuur en organisering van die data-opname, lees en skryf van memos, ontwikkeling van temas, en kategorieë en patrone om die hipotese te bewys of te betwis. Ten einde die sukses van die studie te verseker het die navorser 'n voorafstudie voor die hoofnavorsing gedoen. Die navorser het aan alle etiese vereistes gedurende die navorsing voldoen.

Deur die empiriese studie wat gedoen is, kan daar tot die gevogtrekking gekom word dat daar 'n betekenisvolle verband is tussen die geseksualiseerde gedrag en die trauma wat die kinders beleef het.

As geseksualiseerde gedrag, as 'n meganisme tot selfaktualisering, obsessief, kompulsief en ongebalanseerd is, dan kan dit beskou word as 'n probleem en moet dan aangespreek word. Dit is egter ook belangrik dat 'seksspeletjies' gesien moet word as normal in kinders se ontwikkeling. Daar was algemene konsensus dat geseksualiseerde gedrag beskou kan word as 'n meganisme tot selfkoestering. Fokus word geplaas op die behoefte van die kind en hoe dit in verhouding staan tot die onvanpaste geseksualiseerde gedrag en selfkoestering as 'n behoefte.

Verbeterde dienslewering vir kinders in wie geseksualiseerde gedrag manifisteer, opleiding vir professionele werkers en laastens voortdurende navorsing rakende die onderwerp, word aanbeveel.

Die sleutelkonsepte wat in hierdie studie gebruik word, is as volg:

- o Persepsies

- o Verhouding

- o Geseksualiseerde gedrag

- o Selfkoesterende gedrag

- o Kind

- o Maatskaplike werker

- o Middelkinderjare

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CHAPTER ONE

GENERAL ORIENTATION TO THE RESEARCH METHODOLOGY

1.1 INTRODUCTION

In this study, the researcher aims to explore the perceptions of social workers regarding the way children use sexualised behaviour for self-nurturing.

'Sexualised children' are referred to as children who engage in sexual behaviours that seem to be problematic and may elicit adult concern. Gil and Johnson (1993: xiv) believe that many children who display problematic sexual behaviour are children who have been conditioned to respond in specific ways.

The use of the word 'sexualised' does not imply that some children are sexual whilst others are not. There is a belief that all children are sexual beings in the sense that they develop sexually and their sexual interests and activities increase as they grow older. Phrases such as 'natural and expectable' and 'age-appropriate' or 'problematic sexual behaviours' are more widely accepted than the terms 'normal' and 'abnormal' (Gil and Johnson, 1993:xiv).

There are very few extensive sample studies that target normative versus pathological sexual behavioural problems. Debate exists around the role of attachment when treating children who come from chaotic backgrounds. As stated by Friedrich and Norton (2007), these children lack the stability and predictability in their environments that they need in order to develop the appropriate skills to regulate their affects, their ability to understand and to maintain healthy and safe relationships, and develop a strong sense of self and good behavioural control mechanisms.

Certain problems are seen as particular risk factors in making a child more susceptible to develop a sexual behavioural problem. One of these is a history of a chaotic home and another is an inability to meet a child's needs. When working with sexually aggressive children, there are various aspects that should be kept in mind relating to the child's sense of self as well as his or her development in order to understand the child's behaviour as a whole (Friedrich and Norton, 2007).

Sexually aggressive children may display problems with regard to the aspects of their development, attachment, emotional and/or behavioural regulation and their sense of self and has been confirmed by Gil and Johnson (1993:xi). In an attempt to understand children under the age of 12 who molest and exhibit problematic sexual behaviours, Gil and Johnson (1993:xiv) provide a distinction between 'normal sex play' and 'problematic sexual behaviour'.

For the purpose of this study it is important to note the difference between the terms 'sexualised children' and 'children who molest'. The term 'sexualised children' is used by Gil and Johnson (1993:xiv) to depict children who exhibit a range of problematic sexual behaviours such as sexual language, excessive masturbation, or sexual preoccupation. In contrast, children who molest others are children who may use force, coercion, bribery or trickery on other children to get them to engage in a range of sexual behaviours. It is important to note that not all children who molest have documented histories of overt sexual or physical abuse.

The researcher believes that an important factor to take into consideration is the functioning of the brain, the changes that may take place due to trauma, and the effect that changes in the brain, due to trauma, may have on the sexual behaviour of individuals.

Becker *et al.*(1995) and Teicher *et al.*(2002) in Elmer (*n.d.*) also suggest that there is a close fit between the symptoms observed in abused children and the effects of abuse on the development of the brain. "Theoretically, early neglect or abuse by altering levels of vasopressin and oxytocin could predispose mammals to suffer from enhanced sexual arousal, diminished capacity at sexual fulfilment, and deficient commitment to a single partner" (Teicher, Andersen, Polcar, Anderson & Navalta, 2002:415).

For the purpose of this study it is important to look at the effects that the removal of a child from his or her home may have on the child in order to understand the child's behaviour as a product or symptom of environmental influences. The researcher deems it necessary to look at the individual as functioning within a system.

According to the South African National Council for Child and Family Welfare (1996:60) in Louw (2006:1), the removal of a child from his or her family home has the

following effects on the child: Lack of security, loss of a feeling of belonging, loss of self-image, behavioural and adaptation problems and ambivalent feelings of guilt.

The researcher is of the opinion that the above-mentioned factors may have a significant effect on the child's normal development and should be taken into consideration when viewing the child who displays sexualised behaviour. Professionals who have the task of supporting the above children, with the many losses they experience, need to understand the possible functionality of sexualised behaviour in children. Social workers need to understand that there are sexual age-appropriate healthy activities, and then there are patterns that may be unhealthy or pathological who may require attention and/or treatment.

In order to understand sexualised behaviour in the context of self-nurturing, one needs to understand what self-nurturing encompasses. In consulting literature, the researcher found that there are healthy and unhealthy ways of self-nurturing. According to Oaklander (1994b, 1997) in Blom (2006:151), self-nurturing means that children learn to accept parts of themselves which they hate, in order to achieve integration – in other words, to accept and nurture themselves.

It is important that individuals learn to nurture themselves in order to maintain control (Schoeman, 1996:181).For the purpose of this study, self-nurturing is seen as behaviour that children display to cope with stress, anxiety and feelings of rejection.

In consultation with Rademeyer (2010), the researcher found that there are various questions that are raised with reference to sexualised behaviour and the functionality thereof for children. It was also noted that there is a lack of research in the field on the relationship between sexualised behaviour and self-nurturing in the field through observation by the researcher herself about the relationship between sexualized behaviour and self-nurturing and the function thereof for children in children's homes.

The various understandings of a child's sexualised behaviour as 'healthy' or 'unhealthy' and as a function of self-nurturing, need to be clearly distinguished if effective intervention is to take place. Based on her observation of this reality, the researcher experienced a sense of professional responsibility to contribute to the enhancement of the underlying knowledge base of the profession (De Vos, Strydom, Fouché & Delport, 2005:92). It also became apparent to the researcher that social

workers as well as the children who display problematic sexualized behaviours would benefit from a structured theory and research based study.

Therefore, with this study, the researcher aims to contribute to the underlying knowledge base on the phenomenon, thereby assisting in improving the lives of children displaying sexualised behaviour.

1.2 PROBLEM FORMULATION

Children in children's homes who demonstrate sexualised behaviour are often labelled. Due to a lack of knowledge regarding sexualised behaviour, social workers working in children's homes sometimes find it difficult to distinguish between appropriate and less appropriate sexualised behaviour in children in their middle childhood. It may happen that appropriate sexualised behaviour in children is labelled as problematic, while the function of the behaviour may in fact be defined as an act of self-nurturing.

When sexualised behaviour in children is not understood, it may lead to a situation where the child does not receive effective support and guidance to deal with the trauma that gave rise to his or her behaviour in the children's home.The researcher is of the opinion that there is a significant link between sexualised behaviour and self-nurturing amongst children in children's homes. The relationship between these two variables can have a significant effect on the way professionals view children who display sexualised behaviour in institutions where there are a lack of affection and significant attachment to adult figures.

It was found in a study done by Cohen and Cicchetti (2006:147), that 80% of abused and maltreated infants in a study exhibited symptoms of disorganised attachment. Disorganised attachment is associated with a number of developmental problems, including dissociative symptoms, depressive anxiety, and acting-out symptoms. These children can be described as experiencing trauma as the result of abuse and neglect which was inflicted by the primary caregiver. The latter may disrupt the normal development of secure attachment (Cohen and Cicchetti, 2006:147).

According to Barnett *et al.* (1999) in Cohen and Cicchetti (2006:147), this type of attachment disorganisation may disrupt the development of emotional regulatory systems. It has also been found that children who display symptoms of disorganised attachment, also display signs of physiological stress, such as increased heart rate and salvatory cortisol responses, to the 'strange situation' (Hertsgaard *et al.,* 1995; Spangler and Grossman, 1993 in Cohen and Cicchetti (2006:147)). According to Dozier *et al.* (2001) in Cicchetti and Cohen (2006:147), these patterns of deregulation have also been found in children placed in alternative care.

In order to understand children and their overall functioning, one needs to understand the development of the child, specifically healthy and unhealthy sexualised behaviour. As stated above, an insecure attachment style can have a negative impact on the child's overall functioning when placed in alternative care or when trauma is caused by the primary caregiver.

The researcher will use Freud's psychoanalytic theory (Murray-Thomas, 2005:62) in order to create a better understanding of how children function during middle childhood.

According to Murray-Thomas (2005:62), during the fourth stage of Freud's psychoanalytic theory, which is the latency stage (from age 4 or 5 to puberty), the child represses sexual behaviour. During the latency phase the child shows tendencies to socialise with children of the same gender because of the repression of sexual acts. During this stage the superego serves as a strong moralistic and internal representation of parental rules. If the Oedipus conflict cannot be resolved adequately during this phase, the individual can become fixated and may never feel comfortable around the opposite sex, or he or she may avoid sexual relations with the opposite sex.

In order to gain a broader understanding of sexualised behaviour, the researcher found it necessary to stipulate the negative outcomes that sexualized behaviour (when it is not seen as the norm) can have on a child's future development.

Book (1997:52) states that the beginnings of sexual addiction are usually rooted in adolescence or childhood. The child may have been brought up in a chaotic, neglectful or hostile home or in a home that is normal, but where love is rarely expressed and the child is emotionally starved for love because of this. According to Carnes (1991:31-40)

in Book (1997:52), sex becomes a replacement act to turn to in times of any kind of need, like escaping from feeling anxious, bored or being unable to sleep at night. The researcher is of the opinion that intervention is needed in order to assist children and prevent them from possibly becoming addicted to the type of behaviour as a coping mechanism.

Cavanagh (2011) categorised four definable clusters or groups of children with reference to a continuum of sexual behaviours after analysing the evaluations of hundreds of children and their families:

- *Group 1* includes children engaged in natural and healthy childhood sexual exploration.
- *Group II* includes sexually reactive children.
- *Group III* includes children who mutually engage in a full range of adult sexual behaviours.
- *Group IV* includes children who molest other children.

This continuum of sexual behaviours applies only to boys and girls aged 12 and under who have intact reality testing and are not developmentally disabled. Each group includes a wide range of children, some of who are borderline between the groups and some of who would move across to the other groups over a period of time.

In the literature that the researcher consulted, there was very little research done on the relationship between sexualised behaviour and self-nurturing in a children's home setting specifically. Nor is the literature clear on what the perspectives of social workers are in terms of children displaying sexualised behaviour – an aspect which can have an effect on how they view such children. This can also have an impact on the implementation of effective intervention strategies.

Children in middle childhood who display sexualized behaviour have specific needs that role players, specifically social workers, have to keep in mind in order for effective intervention to take place.

1.3 GOAL AND OBJECTIVES OF THE RESEARCH STUDY

1.3.1 Goal of the study

The goal of the research study was to explore the perceptions of social workers regarding the relationship between sexualised behaviour and self-nurturing amongst children in middle childhood.

1.3.2 Objectives of the study

The objectives of the study were formulated as follows:

- To identify and describe sexualized behaviour and self-nurturing behaviour as phenomena.

- To determine the perceptions of social workers in children's homes who work with children in middle childhood regarding the relationship between sexualized behaviour and self-nurturing behaviour.

- Formulate recommendations regarding the ways in which social workers can deliver more effective and professional services to children who live in children's homes who display sexualised behavioural problems.

1.4 RESEARCH QUESTION

The research question should be related to the goal, objectives and hypotheses of the investigation (Delport and Strydom, 2005:321).

For the purpose of this research, a question was more appropriate because it was aimed to gain insight into a situation, phenomenon, community or individual (Bless and Higson-Smith, 1995:114).

The research question for this study was formulated as follows:

"What are the perceptions of social workers regarding the relationship between sexualised behaviour and self-nurturing amongst children in middle childhood?"

1.5 RESEARCH APPROACH

There are two recognised approaches to research, namely the quantitative and the qualitative approaches (Delport and Fouché, 2005:73). For the purpose of this study the researcher utilized the qualitative research approach.

Based on the theory which describes the qualitative approach as understanding phenomena by using naturalistic observation in order to understand the subjective perspective of the subject's inside world, the researcher found that it was the most appropriate approach to be used for this study (Bless and Higson-Smith, 1995:156).

According to Bless and Higson-Smith (1995:156), qualitative research can be described as: "...research conducted using a range of mechanisms which use qualifying words and descriptions to record and investigate aspects of social reality". Creswell (1998:15) supports this definition by stating the following:

> "Qualitative research is an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social human problem. The researcher builds a complex, holistic picture, analyzes words, reports, detailed views of informants and conducts the study in a natural setting."

For the purpose of this study the researcher used applied research as a type of research, because the goal was to address the phenomenon of sexualised behaviour and the way it relates with self-nurturing amongst children. Applied research is most often the scientific planning of induced change in a troublesome situation (De Vos and Fouché *et al.,* 2005:105). Applied research is also based on finding answers to questions in practice, and the focus is less on theories (Neuman, 1997:21).

1.6 RESEARCH DESIGN AND MECHANISMS

1.6.1 Research design

The research design is the plan or blueprint of how one is going to attempt to conduct the research. The research design focuses on the end product and on the logic of the research (Mouton, 2001:5).

The qualitative design can be described as the entire process of research, from conceptualising a problem to writing the narrative (Creswell, 1998:2). There are five strategies of inquiry that could be used to design qualitative research, namely biography, phenomenology, grounded theory, ethnography and case study (Fouché, 2005:269).

The researcher was of the opinion that the collective case study design was the most appropriate for the purposes of conducting this study. A case study can be regarded as the exploration or in-depth analysis of a 'bounded system' (Creswell, 1998:61). "The collective case study furthers the understanding of the researcher about a social issue or population being studied. The interest in the individual case is secondary to the researcher's interest in a group of cases" (Fouché, 2005:272).

The researcher therefore attempted to broaden the understanding of the phenomenon being studied and identify gaps in the specific population by doing in-depth interviews with social workers in children's homes.

1.7   RESEARCH POPULATION, SAMPLE AND SAMPLING METHOD

1.7.1 Population

A population is a set of elements on which the researcher focuses from which generalisations are made (Bless and Higson-Smith, 2005:85). A population can be defined as a set of entities in which all the measurements of interest to the practitioner or researcher are represented (Powers, Meeneghan & Tomey, 1985:235).

The population which had been studied consisted of social workers in a specific children's home who work with children in middle childhood (6-12 years) and who display sexualised behaviour.

1.7.2 Sampling

According to Arkava and Lane (in Strydom, 2005: 194), a sample consists of elements of the population which can be considered for the purpose of the study. A sample is studied in order to understand the population from which it is drawn. Bless and Higson-Smith (2005:156) define a sample as the group of elements out of which a population consists which is representational of the population being studied, in order to gain knowledge about certain aspects of the population. Mouton (2001:135-136) agrees with this in stating that the key concept for a sample is for it to be representational of the whole population being studied.

During this study the researcher made use of non-probability sampling, and more specifically, purposive sampling as a sampling method in order to obtain the required data. According to Bless and Higson-Smith (2005:86) non-probability sampling is done when there is the possibility that some of the elements of the population might not have a chance of being in the sample.

For the purpose of this study the researcher used purposive sampling as a sampling method. According to Strydom (2005:203), purposive sampling is based on the judgement of the researcher. The reason for this is that the sample must consist of elements which have the most characteristics in common with the population being studied.

The criterion that was used in order to select the population was:

- Participants had to be registered social workers working in a children's home.

- Participants had to work with children in the middle childhood (aged 6-12 years).

- Participants who have been exposed to working with children in middle childhood who display sexualized behavior.

1.7.3 Data collection mechanisms and pilot testing

For the purpose of this study, the researcher made use of semi-structured interviews. According to Greeff (2005:296), semi-structured interviews are used in order to gain a detailed picture of participants' beliefs or perceptions about, or accounts of, a

particular topic. When using semi-structured interviews, the researcher has a set of predetermined questions on an interview schedule. The schedule is more of a guideline than a dictation about what questions to ask the participant. In the opinion of Greeff (2005:296), the participant might then share an issue that the researcher has not addressed. The participant is viewed as an expert on the subject that is being discussed, as stated bySmith, Harre & Van Langenhoven (1995:9-26).

According to Bless and Higson-Smith (2005:97), data can be classified according to the way in which it was collected and in terms of its intrinsic properties. Bless and Higson-Smith (2005:104) also state that there are various ways in which data can be gathered directly when it is not possible to observe participants directly. Conducting interviews is one of the most prominent ways of gathering data when qualitative research is being done. Siedman (in Greeff, 2005:287) states that you have interviews with individuals because you are interested in their lives. The researcher therefore had interviews with eight social workers in order to gain their perceptions on the subject being researched.

By having an interview with a participant, one includes the description of an experience as well as the participant's reflection on the perceived relationship between sexualized behavior and self-nurturing. There are various types of interviews that can be used during one-on-one interviews (Greeff, 2005:292-297):

- Semi-structured,

- Unstructured, and

- Ethnographic.

The researcher conducted semi-structured interviews with eight social workers at different children's homes working with children in middle childhood who display sexualized behavior. Semi-structured interviews are conducted in order to gain a broader understanding of their perceptions on the phenomenon being explored.

A pilot study is defined as a process by which the research design for a prospective survey is tested (New Dictionary of Social Work, 1995:45). The value of making use of a pilot study is that the researcher can now determine the suitability of the themes for the semi-structured interview before implementation.

The researcher used a pilot test in order to identify gaps in, and evaluate the validity and reliability of, the interview schedule. The researcher is of the opinion that the phenomenon being studied is sensitive in nature, and therefore the construction of the interview schedule should be aimed at getting the richest information. By doing a pilot test, the researcher can also clarify uncertainties and focus on areas that are unclear to the participants.

Testing of the interview schedule was done with a social worker working in a children's home with children in middle childhood who display sexualized behaviour. The social worker who was interviewed did not form part of the main study.

1.7.4 Data analysis

According to Bless and Higson-Smith (2005:137), after data collection and checking has been completed, the researcher should begin the process of analysing the data. The analysis is conducted in order for the researcher to detect consistent patterns within the data, such as the consistent co-variance of two or more variables. Bless and Higson-Smith (2000:137) state that when one starts to analyse the data that has been gathered, patterns come to the fore which can prove a hypothesis to be either true or false.

The researcher utilized qualitative data analysis during the research process. Data is transformed into findings by reducing the volume of raw information, then sifting significant data from trivial data. Patterns are then identified and then a framework is constructed for communicating the essence of what the data of the study reveals. The researcher sought after general statements about relationships amongst categories of data and attached meaning to the collective case study research design regarding the perceptions of social workers about the relationship between sexualized behaviour and self-nurturing behaviour.

Bless and Higson-Smith (2005:137) mentions that the process of data analysis itself takes different forms, depending on the nature of the research question and design as well as the data itself.

Creswell (1998:142-165) states that the process of data analysis and interpretation can be represented in a spiral image, and sometimes these steps in the spiral image can overlap. The steps are:

- Planning for the recording of data: The researcher made use of data-recording strategies to obtain the data needed with the consent of the participants during the semi-structured interviews. The researcher also made use of field notes in order to gather information which was observed.

- Managing and organising data: The researcher organised the data by getting a feel for the total database. The researcher organised and sorted the data which was relevant from that which was not relevant. The researcher stored her data in the form of files and computer files.

- Reading and writing memos: This was done in order to help the researcher get a feeling for the collected data.

- Generating categories, themes and patterns: When categories with related meanings came to the fore, the researcher had to look for categories with internal convergence and external divergence. When one interprets, one makes sense out of the data gathered.

- Representing and visualising (writing the report): The data was represented in text format.

1.8 FEASIBILITY OF THE STUDY

The researcher needed to make sure that the study was feasible, based on the costs of such a study.

- The researcher selected social workers who are involved with children in middle childhood who display sexualized behaviour in children's homes.

- The researcher attempted to finish the research within a year of commencement of the study. The researcher scheduled a specific time and date for conducting interviews with each of the participants within a realistic time frame. The researcher's working hours allowed for effective time to do the study after hours with the identified participants.

- Permission was obtained from the various children's homes to carry out the study at the identified children's homes. Permission was also gained from the individual social workers who took part in the study.

1.9 ETHICAL ISSUES

Strydom (2005a:57) defines ethics as follows:

"Ethics is a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioral expectations about the most correct conduct towards experimental subjects and participants, employers, sponsors, other researchers, assistants and students."

Strydom (2005a:58-67) discusses the following issues in relation to the protection of participants and to guide the researcher when conducting the study.

1.9.1 Harm to experimental subjects and/or participants

According to Dane in Strydom (2005b:64), a responsibility for ethical consideration rests with the researcher to protect participants against any form of physical discomfort which may occur within reasonable limits from the research project. Babbie and Mouton (2005:522) indicated that one of the most important aspects that need to be taken into consideration is to ensure that the information which the participants supply is not made public to prevent them from feeling humiliated. The researcher took the necessary steps in order to ensure confidentiality. The participant's identities were not made public. The researcher feels that the information being gathered is not directly related to the participants, which creates distance and safety. They were interviewed on their perceptions about the relationship between sexualized behaviour and self-nurturing amongst children in middle childhood. No children in middle childhood were interviewed directly because of the nature of the study.

1.9.2 Informed consent

Informed consent implies that the researcher shares all the information about the goal of the study, the procedures that are going to be followed during the research and the possible advantages and disadvantages which the participant might be exposed to. The participant must be legally and physically able to give consent and must be aware of the fact that he or she can withdraw at any point during the study, according to Strydom (2005b:59-60). Denzin and Lincoln (1994:90) also state that the subjects of research have the right to be informed that they are being used for research and to be told what the specific goal of the study is.

The researcher informed the participants about the exact procedures that would be followed and the goal of the study. The participants who were part of the sample were all physically and legally able to give their consent.

The participants all received informed consent letters to sign, explaining the goal of the research as well as their rights and the advantages of taking part in the study. The participants were also informed about the intended use of a tape recorder during the course of the interview.

1.9.3 Deception of participants

Judd (in Strydom, 2005b:66) lists three reasons why participants might be deceived:

- To disguise the real goal of the study;

- To hide the real functions or actions of the subjects; and

- To hide the experiences through which the subjects will go.

Loewenberg and Dolgoff (in Strydom 2005:60-61) describe the deception of participants as follows:

"...deliberately misrepresenting facts in order to make another person believe what is not true, violating the respect to which every person is entitled."

The researcher avoided deception by communicating the goal of the research study to the participants and by explaining to them why they had been identified to take part in the study. The researcher identified social workers from three different children's

homes and informed them about the goal of the study at their specific children's home where they are employed.

1.9.4 Violation of the research subject's anonymity, confidentiality and privacy

A participant can be viewed as being anonymous when the researcher cannot denote a specific response to a specific individual, according to Babbie and Mouton (2005:523). Confidentiality, on the other hand, is defined by Strydom (2005b) as follows:

 "Confidentiality places a strong obligation on the social worker to guard jealously over the information that is confided to him."

Due to the nature of the study, anonymity was not possible, because the researcher was able to link the specific responses to the specific participants. It was therefore important that the researcher ensured confidentiality. This was done by the researcher, who undertook that she would not make the names of the participants known or put a name to any specific response. The names of the participants were also not being mentioned in the research report, and the data gathered was being kept in safe storage at the Social Work and Criminology Department of the University of Pretoria.

1.9.5 Publishing of results

When the researcher wants to make the findings of a study known, attention must be given to the following, according to Strydom (2005b:66):

- The final written document must be accurate, objective and clear with all the important information.

- All forms of bias must be avoided at all times.

- Plagiarism is a serious offense and therefore the focus should be on acknowledging authors and academics.

- If there is a shortcoming in the research, then it must be noted.

Once the research has been completed, the research findings are going to b published in written format as a mini-dissertation and will be handed in at the University of

Pretoria in order for the general public as well as professionals in the field to access. The mini-dissertation will be stored at the University of Pretoria for a period of 15 years.

1.9.6 Actions and competence of researcher

According to Strydom (2005b:63), researchers are ethically required to ensure that they are competent and adequately skilled to undertake their proposed investigation. An obligation also rests on the researcher to report correctly on the analysis of data and the results of the study.

The researcher has successfully completed a module in research methodology at the University of Pretoria and will be guided and supervised by a professional at all times throughout the course of the study.

1.10 DEFINITION OF KEY CONCEPTS

For the purpose of this study, the researcher defined the following key concepts.

1.10.1 'Middle childhood'

Turner and Helms (1991:6) in Louw (2006:14) describe middle childhood as the period between 6 – 9 years or 6 – 12 years depending on the use of terms such as pre-adolescence and late childhood. Stutterheim (1993:23) in Louw (2006:14) states that even though middle childhood is a calmer period, it is still a period within which patterns are shaped and during which cognitive, emotional, and social and the self-concept development takes place.

For the purpose of the study middle childhood can be defined as the period between 6 and 12 years of age during which development takes place on an emotional, cognitive, moral and physical level.

1.10.2 'Self-nurturing'

According to Oaklander (1994b, 1997) in Blom (2006:151), self-nurturing means that "children learn to accept parts of themselves which they hate in order to achieve integration – in other words, to accept and nurture themselves."

Schoeman and Van Der Merwe (1996:181) explain that individuals must learn to nurture themselves in order to maintain their control. In the context of this study, self-nurturing can be described as the way in which a child learns to nurture him- or herself in order to feel in control and feel better. For the purpose of the study, self-nurturing by making use of unhealthy sexualised behaviour mechanisms is seen as a damaging way of coping.

1.10.3 'Sexualized behaviour'

In the Merriam-Webster Dictionary (2010), the term 'sexualised' is defined as follows:

"to make sexual; endow with a sexual character of cast"

In Wikipedia (2011), 'sexualised' is described as follows:

> "Sexualisation is the act or process of sexualizing. It refers to the making of a person, group or thing to be seen as sexual in nature or a person to become aware of sexuality. It can also refer to the making of an interpersonal relationship into a sexual relationship."

According to the American Psychological Association (2001), sexualisation can be defined as follows:

"Sexualisation, when used in relation to teens and children, typically refers to the process of emphasizing the sexual nature of an individual. Sexualisation is not a healthy form of sexuality."

For the purpose of the study, sexualised behaviour in children can be seen as a child who is seen as sexual in nature and who is aware of his or her sexuality, and acts on this. They act with a sexual character. Sexualized behaviour is not always seen as pathological and is therefore not described as being solely pathological as described in the introduction of chapter one.

1.10.4 'Social Worker'

In the Medical Terms Dictionary (2002), the term 'social worker' is defined as follows:

> "A social worker trained in psychotherapy that helps individuals deal with a variety of mental health and daily living

problems to improve overall functioning. A social worker usually has a master's degree in social work and has studied sociology, growth and development, mental health theory and practice, human behaviour/social environment, psychology, research mechanisms."

In the South-African context, a social worker can be described as:

A person who is registered and authorized, in accordance with the Social Act 1978 (Act 110 of 1978), to practice social work (The New Social Work Dictionary, 2004:54).

De Vos, Shulze and Patel (2005:17) define a social worker as a well-trained professional with a theoretical base of mechanisms and mechanisms for participating in wider social action and policy making.

For the purpose of the study, the researcher will refer to a social worker as being a qualified professional who is registered by the South African Council and authorized by the state to render social services to the community. They facilitate the process of overall human functioning for individuals who have emotional or living problems. Social workers, in the context of this study, will be professionals who are specifically working with children in children's homes and who understand the dynamics thereof.

1.11   DIVISION OF RESEARCH REPORT

The research report consists of five (5) chapters and is divided as follows:

Division of the research report (Table 1)

Chapter 1 **The Introduction**	Introduction and the research process of the study
Chapter 2 **Literature study on the research topic**	Middle childhood as developmental phase
Chapter 3 **Literature study on the research topic**	Sexualized behaviour and self-nurturing amongst children in middle childhood

Chapter 4 **Empirical findings**	Empirical findings on the research topic
Chapter 5 **Conclusions and recommendations**	Conclusions and recommendations

CHAPTER 2

MIDDLE CHILDHOOD AS DEVELOPMENTAL PHASE

2.1 INTRODUCTION

In order for the social worker to be able to understand whether there is a significant relationship between self-nurturing and sexualized behaviour amongst children in middle-childhood, background information on this developmental phase has to be discussed.

Middle childhood is roughly described as the period between the ages of 6 and 12; this stage of a child's life coincides in many societies with the beginning of formal schooling and being allowed a relatively unsupervised life (Berk, 2006:6). This is the period in which the child learns about the wider world and master new responsibilities that increasingly resemble those they will perform as adults (Berk, 2006:6). Middle childhood is the period where the child gains the fundamental skills needed for adult life they undergo the early stages for puberty, develop self-awareness and self-regulation, and form the foundations for social relationships with their peers (Huston and Ripke, 2006:8). During middle childhood there is an increasing emphasis on peer relations to compliment the parent-child and other family relationships in the life of the child (Harris and Butterworth, 2002:233).

The child in middle childhood undergoes a variety of changes which predominantly focuses on the cognitive, emotional and physical (Cunningham, 1993:184). In this chapter the developmental characteristics of children in middle childhood will be discussed as well as developmental tasks and family tasks during this phase. The focus of this study is on the emotional development of the child as it is relevant to the objective of the study. Focus is put on the social and personality development of the child in middle childhood.

Each developmental phase has important implications when one wants to explore the relationship between sexualized behaviour and self-nurturing. It is therefore important to discuss the phase of middle childhood in order to understand whether there is a relationship between sexualized behaviour and self-nurturing in this phase.

2.2 MIDDLE CHILDHOOD

The child in middle childhood finds himself in the psychosocial crisis of mastering diligence versus inferiority. Children develop a need to learn and a sense of curiosity. Parents and teachers must provide the child with the opportunity to exercise these skills (Louw and Edwards, 2004:472).

The period between 6, 7 and 11 years is referred to as the "school years" where children are mastering new concepts, new vocabulary and new skills (Berger, 2003: 299). The ages 6 to 7 is the time when they acquire the cognitive operations that will enable them, amongst other things, to classify animals, people, objects and events (Schaffer, 1996:266).

2.3 THE DEVELOPMENTAL CHARACTERISTICS OF THE CHILD DURING MIDDLE CHILDHOOD

During the course of development, children change physically, emotionally and cognitively, as they progress through different stages (Fouché, 2007:110). In order to determine a child's ability to supply information about events which they have witnessed or experienced, it is important to know what the developmental milestones are. It is also necessary to understand the general characteristics of each age period.

2.3.1 Physical development

Like all aspects of development, children's growth depends on the interaction of environmental (Craig and Baucum, 2002:318) and genetic factors (Berger, 2003: 309). The child's development is influenced by genetic inheritance, diet, healthcare and physical exercise and this development slows down at a gradual pace (Bender, 1996: 26). Inherited differences may influence children's ability in sports activities and many other physical activities (Berger, 2003:309). It may also happen that a child will not necessarily perform on the same level as children who inherit advanced motor skills from their parents. It is also during the middle childhood phase that body weight is gained (Louw, 2006:16).

Children's gross motor skills become smoother and more coordinated than in early childhood, for example, they are able to master running, skipping, and bicycle riding, and skating. Gross motor skills involve mastery of large muscle movements(Middle

Childhood: Physical Development, 2008:3). There are common elements to motor play at this stage of development. Children participate in turn-taking, organization, role assignments, realism and rough and tumble play. A child's reaction time also improves during this phase. This improved coordination as well as their cognitive and social development helps them to engage in games with rules. Most children have the skills to participate in team sports by the age of eight (Middle Childhood: Physical Development, 2008:3).

In the source Middle Childhood: Physical Development (2008:4) the following is stated: "Fine motor skills require the ability to coordinate small muscle groups in the arms, hands and fingers. Activities such as more advanced drawing, typing on a keyboard and using scissors are mastered. Boys will usually outperform girls in gross motor skills, whereas girls typically perform better than boys in fine motor skills." As children get older they become more aware of their bodies, and more able to control their physical movements. In addition to this, the development of the brain also increases their fine motor abilities. Between the ages of 6 and eight 8, the protective insulation that surrounds parts of nerve cells (myelin) increases. This in turn causes the rate of electrical impulses travelling through the brain to speed up and this is referred to as myelinisation. Through this process messages from the brain can reach muscles quicker and they therefore have more control over them. Children are able to keep their attention longer, and have less distracting body movement (Middle Childhood: Physical Development, 2008:4).

Other physical changes include the following (Louw and Edwards, 1998:323):

- Milk teeth are replaced by permanent teeth.

- The circulatory system develops at a slower rate.

- The brain reaches 90% of its adult size (Craig and Baucum, 2002:318).

- The respiratory system functions more economically (Fouché, 2007:114).

The child's physical development in turn has an impact on his cognitive development as the child has the need to explore his/her environment (Bender, 1999:26).

2.3.2 Cognitive development

Cognitive development can be described as the aspect where observation, awareness, learning, memory and thoughts take place. The seven-year-old child's

cognitive development is between the pre-operational and concrete operational phase. The concrete operational phase will therefore be discussed in more detail as it focuses on the child aged 7 to 11 (Piaget in Schoeman, 1999:12).

- ***Concrete operational phase (7 – 11 years).***

Cherry (2011) describes the concrete operational phase as follows: "A period between ages seven and eleven during which children gain a better understanding of mental operations. Children begin thinking logically about concrete events, but have difficulty understanding abstract or hypothetical concepts."

Orton (1997:50 – 51) indicates that the child in concrete operational phase starts to show empathy towards other people. Their ability to concentrate as well as their memory enhances during this phase. Shaffer (1996:263) explains that changes that take place during this phase are: conservation, logical thoughts, classification and reason logic.

- **Conservation and logical reasoning**

The child develops the ability to understand that objects stay the same in terms of weight and size irrespective of the fact that the shape changes according to Shaffer (1996: 263). Salkind (1990: 17) adds to this by stating that:"Children start to think about how objects change, and not just how they appear at different times. This stage begins from seven years and lasts throughout adolescence".

The child in the concrete operational phase can apply logical reasoning. In this stage of cognitive development, children start to think about how events change in their lives and not just the way they appear. This is where they develop a full series of reasoning about the situations in their lives and most of the time they do not talk about them (Salkind, 1990:17). Orton (1997:59) maintains that: "Intellectual children in the concrete operations stage of development are able to think more logically and apply rules systematically in order to obtain new information."

According to Piaget, the ability to conserve substance is an indication of the child's growing ability to apply three rules of logic: identity, reversibility, and compensation. The child at this stage is cognitively developed to reason and has knowledge on who they are and where they come from. Children are capable of planning strategies in

their game playing and they can solve mathematical problems that involve logical reasoning (Orton, 1997:59).

The child's cognitive development enables their entry into the formal education process. Many children now enter school (O'Connor, 2000:104). This again shows that children at this stage understand language and can reason and make sense of the things they are taught in class. This is when children may show their intellectuality.

- **Classification**

Children aged 6 to 11 are in the stage of concrete operations. This stage is characterized by acquisition of the ability to converse, classify, and serialize. These abilities are not obtained all at once, but usually in place when a child is about six years old (O'Connor, 2000:114).

- **Deductive reasoning**

The child is now able to organize objects on the grounds of dimensions like height and weight, for example from the smallest to the largest. Children use inference and deductive reasoning to arrive to a solution to problems, and generalize their conclusions to similar problems (O'Connor, 2000:114)."These cognitive abilities vary from child to child and are developed and refined throughout the formal operations period (Orton, 1997:59)".

Cognitive development, according to Piaget, is influenced by various factors (Griffin, 2004:268). In an individual; it is first maturation which is extensive. Secondly, there is active experience, such as physical and mental investigation. The third factor is social interaction that individual and children engage in to communicate. This means that development continues in a variant sequence, by a process of differentiation and hierarchic integration in which recent structures of thought build and incorporate previous forms of thoughts. New forms of thought, adaptation, and the current form do not work (Griffin, 2004:268).

Piaget (1978) also mentioned that every organism strives to achieve equilibrium. Equilibrium is a balance of organized structures, whether motor, sensory or cognitive. When these structures are in equilibrium, they provide effective ways of interacting

with the environment. When there are changes in the organism or in the environment they require a revision of the basic structures because they are thrown into disequilibrium (Cherry, 2011).

2.3.3 Moral and religious development

For the purpose of the study, the researcher will focus on two theoretical approaches in order to understand moral and religious development of children during middle childhood.

2.3.3.1 Piaget's theory of moral development during middle childhood

Piaget findings primarily fit into a two-stage theory. Children younger than ten (10) or eleven (11) years think about moral dilemmas one way; older children consider them differently. Younger children regard rules as fixed and absolute and they believe that rules are handed down by adults or by God and that one cannot change them (Crain, 1985:120) in Bender (1999:3).

A child in middle childhoods' moral and religious development rest on concrete and realistic grounds. It is for this reason that children at this stage need firm and unchangeable rules which can be understood literally (Bender, 1999:33). It is important for the child that these rules and values be applied fairly and justly to everybody. At approximately 8 years, the child develops a bigger interest in God (Bender, 1999:33). At this stage God is seen as an almighty being, which the child's parents should obey (Bender, 1999:33).

During middle childhood the child comes to realize that intention plays an important part in being right or wrong and the decline in egocentrism enables the child to see how other people view his/her behaviour (Dacey and Travers (1994:249) in Bender (1999:3).

2.3.3.2 Kohlberg's theory on moral development

In the following section Kohlberg's stages on his theory about moral development will be described:

Level 1:   Pre-conventional morality
Stage 1:   Obedience and punishment orientation.

Kohlberg's stage one (1) is similar to Piaget's first stage of moral thought. The child assumes that powerful authorities hand down a fixed set of rules which he or she must without demur, obey (Crain, 1985:120).

Kohlberg calls stage one thinking 'pre-conventional', because children do not yet speak as members of society. Instead, they see morality as something external to themselves, as that which the big people say they must do (Crain, 1985:120).

Stage 2:   Individualism and exchange.

At this stage children recognize that there is not just one right view that is handed down by the authorities. Different individuals have different viewpoints. Since everything is relative, each person is free to pursue his or her individual interests.

It can be noted that children at both stages one (1) and two (2) talk about punishment. However, they perceive it differently. At stage one punishment is tied up in the child's mind with wrongness; punishment "proves" that disobedience is wrong. At stage two, in contrast, punishment is simply a risk that one naturally wants to avoid.

Kohlberg (1968) says that his stages are not the product of maturation. That is, the stage structures and sequences do not simply unfold according to a genetic blueprint.

Kohlberg maintains that socializing agents (parents and teachers) do not directly teach new forms of thinking. Indeed, it is hard to imagine them systematically teaching each new stage structure in its particular place in the sequence of development (Crain, 1985:120).

The stages emerge, instead, from our own thinking about moral problems. Social experiences do promote development, but they do so by stimulating our mental processes (Crain, 1985:120).

2.3.4 Social development

According to the 'Tweetalige Definiërende Woordeboek vir Maatskaplike Werk' (1984: 44) socializing is a learning process through which an individual can become an acceptable member of society. Socializing can be defined as a process through which the individual learns how to act upon certain beliefs, values, moral codes, standards and role expectations in a specific society (Nuwe Woordeboek vir Maatskaplike Werk, 1995:61). Bernstein, Clarke-Stewart, Roy, Srull, &Wickens (1994:59) adds to this by stating that the feelings that children experience and the relationships they form,

contributes to the development of the child. During middle childhood the child can undergo the following changes (The Department of Health and Human Services, 2011):

- A growing understanding about one's place in the world.

- More awareness to friendships and teamwork.

- A desire to be liked and accepted by friends.

There are certain aspects with regards to social developent that are important during middle childhood (Bender, 2000: 31):

- Friendships, peer group and popularity.

- The impact of the school and the teacher on the developing child.

- The impact of the family and home circumstances on the developing child.

These above mentioned aspects will be discussed in the following section:

- **Friendships, peer group and popularity**

Children's development takes place at the backdrop of a growing social environment. It is especially the peer group that makes out an important part of the child's life (Louw and Edwards, 2006:28). According to Erickson's theory of psychosocial stages (Louw and Edwards, 2006: 472), this is also the phase where children develop diligence versus inferiority. Children develop the need to learn and are curious. Teachers and parents must provide children the opportunities to explore these skills. Successful mastering of these skills leads to a feeling of diligence. Failing in these skills, leads to a feeling of inferiority (Louw and Edwards, 2006:28).

Children at this stage form groups of approximately four (4) to five (5). Children join these groups at own will and also leave them when they are not satisfied with the interaction or play. In some instances some children will be dominated by others due to their nascent nature. It is during these peer interactions where smoking, drinking, stealing and other antisocial behaviour takes place (Joubert, 1997: 132). It is also during this phase where children are very susceptible to peer pressure. When information that has to be processed, is ambiguous, a child's judgment can be influenced by the peer group (Papalai and Olds, 1995:311 – 312). This can have

serious implications for the individual who is trying to make sense out of the world filled with ambiguities.

Friendships are important for social development. Friendship processes are linked to social developmental outcomes, also revered to as social provisions. Friends fulfill social needs, called communal needs, such as companionship, acceptance, and intimacy (Buhrmeister, 1996). In many ways, this formulation is similar to Maslow's need for belonging. Furthermore, communal needs can be distinguished from other human needs (Buhrmeister, 1996 in Peer relations in Middle Childhood, 2011):

- Communal Needs: Interpersonal needs for affection, nurturance, enjoyment, support, companionship, intimacy, and sexual fulfilment.

- Survival Needs: Physical needs for safety, food, shelter, and health.

- Agentic Needs: Individual needs for competency, achievement, status, power, approval, autonomy, identity and self-esteem.

The social concerns of school-age children often focus on the communal needs of acceptance by peers and avoidance of rejection.

- **The impact of the school and the teacher on the developing child**

Research emphasizes the importance of the classroom teacher in creating an environment that not only supports learning, but also improves the child's well-being (Carnellor, 2008:57). Throughout the world the most widely known function of elementary school is to provide opportunities for children to acquire at least basic competencies in reading, writing and computation. Schools also serve other functions that include providing custodial care while parents are working or pursuing personal interests, delaying children's entrance into the work force, encouraging the development of social competencies and sorting and selecting for the purpose of impeding or maintaining established social roles, organizations and institutions (Goodlad, 1973 in Epps and Smith, 2000:283). The schooling process thus has a significant impact on the development of children both academically and socially.

- **The impact of the family and home circumstances on the developing child**

According to the NICHD (2008): "Child care clearly matters to children's development, but family characteristics – and children's experiences within

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their families – appear to matter more" It is therefore important to discuss the impact of the family and home on the developing child.The researcher will aim to conceptualize the impact of the family and home circumstances on the developing child through making use of Bronfenbrenner's model, Belsky's Process Model and The Schneewind's model.

- **The Bronfenbrenner model**

Bronfenbrenner (1979) viewed child development from an ecological perspective. This approach combined aspects of sociology and developmental psychology and laid an enduring foundation for future approaches. The relationships between individuals and their environments are viewed as 'mutually shaping' and Bronfenbrenner saw the individual's experience: "as a set of nested structures, each inside the next, like a set of Russian dolls" (Bronfenbrenner, 1979: 22 in The Family from a child Development Perspective, 2011).

In studying human development, one has to see "across" how the several systems interact, for example family, workplace and economy. The study of the ability of families to access and manage resources across these systems would appear to be a reasonable extension of his investigations. His four (4) interlocking systems that shape individual development are as follows (The Family from a child Development Perspective):

- *The micro-system*: At the micro-system level, the family is seen in light of their interpersonal interactions with the child. At the beginning, the micro-system is the home, involving interactions with only one (1) or two (2) people in the family ("dyadic" or "triadic" interaction). As the child ages, the micro system is more complex, involving more people (child-care centre or preschool). Bronfenbrenner noted that as long as increased numbers in a child's micro-system mean more enduring reciprocal relationships, increasing the size of the system will enhance child development. (link with own study)

- *The meso-system*: Meso-systems are the interrelationships amongst settings (i.e. the home, a day-care centre, and the schools). The stronger and more diverse the links amongst settings, the more powerful an influence the resulting systems will be on the child's development. In these interrelationships, the initiatives of the child, and the parents' involvement in linking the home and the school, play roles in determining the quality of the child's meso-system.

- *The exo-system*: The quality of interrelationships among settings is influenced by forces in which the child does not participate, but which have a direct bearing on parents and other adults who interact with the child. These may include the parental workplace, school boards, social service agencies, and planning commissions.

- *The macro-system*: Macro-systems are "blueprints" for interlocking social forces at the macro-level and their interrelationships in shaping human development. They provide the broad ideological and organizational patterns within which the meso- and exo-systems reflect the ecology of human development. Macro-systems are not fixed, but might change through evolution and revolution. For example, economic recession, war, and technological changes may produce such changes.

In the following section, the researcher will discuss Belsky's process model in order to further explain the factors influencing the social development of the child. Belsky especially focused on how child-rearing affects child development.

- **The Belsky process model**

Belsky's (1984) model focused on factors affecting parental behaviour and how such factors affect child-rearing, which in turn influences child development. At the family level, Belsky's interest, like Bronfenbrenner's, is primarily on interpersonal interactions between parent and child (The Family from a Child Development Perspective, 2011). Belsky (1984: 84) said the following in this regard: "The model presumes that parenting is directly influenced by forces emanating from within the individual parent (personality), within the individual child (child characteristics of individuality), and from the broader social context in which the parent-child relationship is embedded. Specifically, marital relations, social networks, and jobs influence individual personality and general psychological well-being of parents and, thereby, parental functioning and, in turn, child development."

Belsky (1984:84) drew the following conclusions regarding the determinants of parenting (The Family from a Child Development Perspective, 2011):

- Parenting is multiply determined by characteristics of the parent, of the child, and of contextual subsystems of social support.

- These three determinants are not equally influential in supporting or undermining parenting.

- Developmental history and personality shape parenting indirectly, by first influencing the broader context in which parent-child relations exist (i.e., marital relations, social networks, occupational experience).

Belsky (1984) found that parental personality and psychological well-being where the most influential of the determinants in supporting parental functioning. When two of three determinants are in the stressful situation, he stated that parental functioning is most protected when parental personality and psychological well-being still function to promote sensitive caring. This in turn means that optimal parenting still occurs even when the personal psychological resources of parents are the only determinant remaining in positive form (The Family from a Child Development Perspective, 2011).

The influence of contextual subsystems of social support is greater than the influence of child characteristics on parental functioning. Belsky (1984) determined that risk characteristics in the child are relatively easy to overcome, given that either one (1) of the other two (2) determinants is not at risk (The Family from a Child Development Perspective, 2011).

The Belsky (1984) process model does not specifically define the child's developmental outcome. No special attention is given to the importance of the family's material resources, while the family's social resources are conceptualized impersonally as the contextual subsystem of support. Belsky's (1984) work is most useful in freeing the child of blame for poor outcomes. Responsibility, on the other hand, might seem to shift to the parent, as parental personality is viewed as a relatively transcendent or intrinsic and immutable characteristic (The Family from a Child Development Perspective, 2011).

The characteristics of the developmentally stimulating environment for the child requires an environment ensuring gratification of all basic physical needs and careful provisions for health and safety and it is fostered by the following (The Family from a Child Development Perspective, 2011):

- Relatively high frequency of adult contact involving a relatively small number of adults.

- A positive emotional climate in which the child learns to trust others and himself.

- An optimal level of need gratification.

- The provision of varied and patterned sensory input in an intensity range that does not overload the child's capacity to receive, classify, and respond.

- People who respond physically, verbally, and emotionally with sufficient consistency and clarity to provide uses as to appropriate and valued behaviours and to reinforce such behaviours when they occur.

- An environment containing a minimum of social restrictions on exploratory and motor behaviour.

- Careful organization of the physical and temporal environment that permits expectancies of objects and events to be confirmed or revised.

- The provision of rich and varied cultural experiences rendered interpretable by consistent persons with whom the experiences are shared.

- The availability of play materials that facilitate the coordination of sensorimotor processes and a play environment permitting their utilization.

- Contact with adults who value achievement and who attempt to generate in the child secondary motivational systems related to achievement.

- The cumulative programming of experiences that provide an appropriate match for the child's current level of cognitive, social, and emotional organization.

Kreppner and Lerner (1989) in The Family from a Developmental Perspective (2011) state the following:

> "Perspectives on the family both as an entity and as a producer of developmental outcomes of its members depict it as a social context or "climate" facilitating the individual's entry into other social contexts and as an environmental factor containing both genetically shared and non-shared components for the developing individual."

- **The Schneewind model**

Schneewind (1989) provides a psychological model of the family and its effects on children. This model deals quantitatively with the family itself as a system as well as with measurable child outcomes that depend on the family system, and that clearly specifies causal relationships between factors. Schneewind (1989) attempted to

understand how and to what extent the "extra-familial world" is associated with the "intra-familial world" in the processes of socialization within the family (The Family from a child development perspective, 2011).

The inner-family socialization activity is divided into three (3) parts:

- The family system level or the family climate that measures the overall quality of interpersonal relationships within the family.

- The spouse subsystem level or the marital relationship.

- The parent-child subsystem level, or the educational style in dictated by parental behaviours and attitudes or authoritarianism.

Schneewind's (1989) applied structural causal modelling used latent variables for hypothesis testing and formulation. The data supporting the causal model linked extra familial (measured by socio-economic status, urban or rural location, and job experience) and intrafamilial variables (measured by family climate, and personal traits of the father and the son). The expressive family climate factor (measured by high degree of mutual control, intellectual/cultural orientation, active-recreational orientation, and independence) appeared to be an important mediating factor in the child outcome variable, which was the social adjustment of the child (termed "extraverted temperament"). Schneewind (1989) also demonstrated that low socio-economic context and rigid unstimulating job conditions of the parent were associated with an authoritarian parenting style that produced children with inferiority feelings and weakly internalized locus of control (The Family from a child development perspective, 2011).

Schneewind (1989) concluded that: "The psychological makeup of family life has an important influence on how a family's potential eco-context is actually utilized." This is similar to Belsky's conclusion that personality and the psychological well-being of the parents have the greatest influence on parental functioning (The Family from a child development perspective, 2011).

2.3.5 Emotional development

Some of the emotional developmental changes children go through are (The Department of Health and Human Services, 2011):

- More independence from parents and family.

- Stronger sense of right and wrong.

- Beginning of awareness for future.

- A growing understanding about their place in the world.

- More awareness of friendships and teamwork.

- They have a growing desire to be liked and accepted by friends.

It is natural for a human being to become hungry or thirsty and it is unavoidable to experience emotions. Children do not have the natural ability which many adults have to express their emotions verbally, but manage to act it out through play. Emotional development is closely related to social development and refers to young children's feelings about themselves and others and the environment in which they play and live (Botha et al., 1998:304 and Oaklander, 1988:22 in Blom, 2004:245).

The emotional development of the primary school child involves the child's growing understanding and control of their emotions (Prinsloo, Vorster & Sibaya, 1996:113). It is characterized by emotional flexibility and differentiation, whilst their expression of emotions like anger or aggression is closely related to their social development (Blom, 2004:245).

The child's emotions and their expression of it are more specific, diverse and sophisticated (Du Toit and Kruger, 1993:116). The child in this phase is more able to control his/her emotions, express appropriate emotions, suppress it or hide it (Blom, 2004:245). This causes a problem for parents, teachers and therapists as it is not always easy to know what a child is feeling, or to read accurately the signs from what they say and do (Borland, Laybourn & Brown,1998:32). Children learn to express their feelings in an indirect manner such as being cheeky or getting angry when actually an emotion of disappointment or rejection is felt. During middle and late childhood, children develop sympathy and empathy and this enables them to appreciate and identify with the feelings of others (Prinsloo *et al.,* 1996:113):"They take pleasure in pleasing teachers and parents and are truly concerned about the feelings of their friends and classmates."

The fact that this period in childhood is seen as a time when children bridge the gap between child and adult worlds causes the individual to show both child and adult characteristics. A child might be clingy and childlike one day and fiercely independent the next (Borland *et al.,*1998:20). The middle childhood phase is thus a turbulent time in the development of the child, where developmental milestones need to be reached and quite a few challenges need to be faced.

2.4 THE IMPACT OF TRAUMA ON THE DEVELOPMENT OF THE CHILD

2.4.1 Trauma and the brain

The researcher believe that an important factor to take into consideration is the functioning of the brain, the changes that may take place due to trauma, and the effect that changes in the brain due to trauma may have on the sexual behaviour of individuals. Psychological responses to stress result in common changes in the neurobiological functioning of the brain. These changes underlie the symptoms frequently observed in the aftermath of trauma (Bremmer, 2005:59).

The limbic system is thought to be the part of the central nervous system that maintains and guides the emotions and behaviour necessary for self-preservation and survival of the species. Trauma appears to cause limbic system abnormalities in the amygdala and hippocampus. The amygdala readies the body for action. Trauma victims essentially get "hi-jacked" by the amygdala. This happens before the "thinking" part of the brain (Healy (1998) and Perry (2002) in Sweeney (2007)).

Several questions that arose from these early studies was: how long it takes for hippocampal damage to develop, and whether the effects are reversible (Bremmer, 2005). In recent studies that was done by Carrion et al.(2001); De Bellis, Hall, Boring, Frustaci and Moritz (2001); DeBellis et al.(1999) in Bremmer (2005) it was indicated that hippocampal volume reduction in children with post-traumatic stress disorder (PTSD) and new-onset PTSD suggest that hippocampal volume changes are primarily seen in chronic, severe PTSD.

While people with PTSD tend to deal with their environment by emotional constriction, their bodies continue to react to certain physical and emotional stimuli as if there were

a continuing threat of eradication. Traumatized people go immediately from stimulus to response without being able to make the intervening psychological assessment of the cause of their arousal, which causes them to overreact and intimidate others (Sweeney, 2007.).

As has already been discussed, there is a close fit between the symptoms observed in abused children and the effects of abuse on the development of the brain (Becker *et al.,* 1995 and Teicher *et al.,* 2002 in Elmer, *n.d.*).The first 3 years of life are the prime times for billions of neural connections to be made in the child's brain (Healy, 1998; Perry, 2002 in Sweeney, 2011):

- The brain of a 3 year old is 2-½ times more active than that of an adult brain.

- The experiences a child receives between birth & age 3 directly affect the way neural pathways develop in the child's brain.

- By age 4, a child's brain is 90% adult size.

Clients (including child witnesses) exposed to marital violence experience psychobiological responses, including changes in heart rate, blood pressure & salivary cortisol (Healy (1998) and Perry (2002) in Sweeney (2007)):

- Child clients with PTSD often exhibit significantly smaller corpus callosum and frontal lobe volumes, when compared to controls.

- Cerebellar volume is decreased with maltreated children & adolescents.

- The longer the trauma exposure, the smaller the volume.

It is pointed out that depressive symptoms, post-traumatic stress disorder (PTSD), attention deficit hyperactivity disorder (ADHD), borderline personality disorder, dissociative disorders and substance abuse have correlations with neurodevelopment responses to stress. What is of specific importance to sexual behaviour difficulties and sexual offenses are hippocampal alterations, a reduced corpus collosum size, and diminished left-right hemisphere integration, which augment the individual's capacity to shift into angry or aggressive states when threatened with danger or loss (Teicher *et al.,* 2002:414). It was also found that early stress can produce life-long changes in the hormones vasopressin and oxytocin. Oxytocin is shown to be a critical factor in affiliative love and non-sexual social interactions. "Theoretically, early neglect or abuse by altering levels of vasopressin and oxytocin could predispose mammals to

suffer from enhanced sexual arousal, diminished capacity at sexual fulfilment, and deficient commitment to a single partner" (Teicher *et al.*, 2002:415).

It is therefore suggested that the neurobiological impact of trauma will not express itself through a fixed set of cognitive, emotional or behavioural difficulties. It is rather suggested that it takes place along a continuum of structural and functional neurological responses influenced by the development stage at which the child experiences trauma and the availability of supportive resources contained in the supportive structures that are available to the child (Teicher *et al.*, 2002:415).

2.4.2 Impact on childhood development due to trauma

"A comprehensive review of the literature suggests various domains of impairment observed in children exposed to complex trauma according to Cook *et al.* (2005: 392)." Each of the seven domains which were identified by Cook *et al.* (2005:392) will be discussed below:

- **Attachment**

Multifaceted trauma is most likely to develop if an infant or child is exposed to danger that is unpredictable or uncontrollable. This is because the child's body must devote resources that are normally dedicated to growth and development instead to survival. The greatest source of danger and unpredictability is the absence of a caregiver who reliably and responsively protects and nurtures the child (Cook*et al.,* 2005:392 - 393).

When the child-caregiver relationship is the source of trauma, the attachment relationship is severely compromised. Care giving that is erratic, rejecting, hostile, or abusive, leaves a child feeling helpless and abandoned. In order to deal with the stress imposed on the child, he or she has to attempt to exert some control, often by disconnecting from social relationships or by acting coercively towards others.

Children exposed to unpredictable violence or repeated abandonment often learn to cope with threatening events and emotions by restricting their processing of what is happening around them. As a result, when they confront challenging situations, they cannot formulate a coherent, organized response. These children often have great difficulty regulating their emotions, managing stress, developing concern for others,

and using language to solve problems. Over the long term, the child is placed at high risk for ongoing physical and social difficulties due to (Cook et al., 2005:393):

- Increased susceptibility to stress (difficulty focusing attention and controlling arousal).

- Inability to regulate emotions without outside help or support (feeling and acting overwhelmed by intense emotions).

- Inappropriate help-seeking (excessive help-seeking and dependency or social isolation and disengagement.

- **Biology**

Trauma interferes with the integration of left and right hemisphere brain functioning, such that a child cannot access rational thought in the face of overwhelming emotion. Abused and neglected children are then prone to react with extreme helplessness, confusion, withdrawal, or rage when stressed. In middle childhood the most rapidly developing brain areas are those that are crucial for success in forming interpersonal relationships and solving problems. Traumatic stressors in self-regulatory abilities impede this development, and can lead to difficulties in emotional regulation, behaviour, consciousness, cognition and identity formation (Cook et al., 2005: 393).

- **Affect regulation**

Exposure to complex trauma can lead to severe problems with affect regulation. Affect regulation begins with the accurate identification of internal emotional experiences. When children are provided with inconsistent models of affect and behaviour (a smiling expression paired with rejecting behaviour) or with inconsistent responses to affective display (child distress is met inconsistently with anger, rejection, nurturance, or neutrality), no coherent framework is provided through which to interpret experience (Cook *et al.,* 2005:393).

Because traumatized children have difficulty in both self-regulating and self-soothing, these children may display dissociation, chronic numbing of emotional experience, dysphoria and avoidance of emotional situations, including positive experiences and maladaptive coping strategies like substance abuse (Cook *et al.*, 2005:393).

- **Dissociation**

Dissociation can be described as the failure to take in or integrate information and experiences. Thus, thoughts and emotions are disconnected, physical sensations are outside conscious awareness, and repetitive behaviour takes place without conscious choice, planning, or self-awareness. Although dissociation begins as a protective mechanism in the face of overwhelming trauma, it can develop into a problematic disorder. Chronic trauma exposure may lead to an over-reliance on dissociation as a coping mechanism that, in turn, can exacerbate difficulties with behavioural management, affect regulation and self-concept (Cook *et al.*, 2005:394).

- **Behavioural Regulation**

Cook et al., (2005:394) stated the following: "Complex childhood trauma is associated with both under-controlled and over-controlled behaviour patterns." As early as the second year of life, abused children may demonstrate rigidly controlled behaviour patterns, including compulsive compliance with adult requests, resistance to changes in routine, inflexible bathroom rituals and rigid control of food intake. Childhood victimization also has been shown to be associated with the development of aggressive behaviour and oppositional defiant disorder (Cook *et al.*, 2005:394).

Children may re-enact behavioural aspects of their trauma (e.g., through aggression, or self-injurious or sexualized behaviours) as automatic behavioural reactions to trauma reminders or as attempts to gain mastery or control over their experiences. In the absence of more advanced coping strategies, traumatized children may use drugs or alcohol in order to avoid experiencing intolerable levels of emotional arousal. Similarly, in the absence of knowledge of how to form healthy interpersonal relationships, sexually abused children may engage in sexual behaviours in order to achieve acceptance and intimacy (Cook et al., 2005:395).

- **Cognition**

Children of abusive and neglectful parents demonstrate impaired cognitive functioning by late infancy when compared with non-abused children. The sensory and emotional deprivation associated with neglect, appears to be particularly detrimental to cognitive development; neglected infants and toddlers demonstrate delays in expressive and

receptive language development, as well as deficits in overall IQ (Cook *et al.*, 2005: 395).

By early elementary school, maltreated children are more frequently referred for special education services. A history of maltreatment is associated with lower grades and poorer scores on standardized tests and other indices of academic achievement. Maltreated children have three times the dropout rate of the general population. These findings have been demonstrated across a variety of trauma exposures (e.g., physical abuse, sexual abuse, neglect, and exposure to domestic violence) and cannot be accounted for by the effects of other psychosocial stressors such as poverty (Cook *et al.,* 2005:395).

- **Self-Concept**

The early caregiver relationship has a profound effect on a child's development of a coherent sense of self. Responsive, sensitive caretaking and positive early life experiences allow a child to develop a model of self as generally worthy and competent. In contrast, repetitive experiences of harm and/or rejection by significant others and the associated failure to develop age-appropriate competencies are likely to lead to a sense of self as ineffective, helpless, deficient, and unlovable. Children who perceive themselves as powerless or incompetent and who expect others to reject and despise them are more likely to blame themselves for negative experiences and have problems eliciting and responding to social support (Cook *et al.*, 2005:395).

Friedrich *et al.* (2010) has taken the view that sexual behaviour problems in children and adolescents have particular risk factors making it more likely that one will develop sexual behaviour problems. It can be a history of chaotic homes and the lack of a child's needs being met. He also claims that due to the histories of the "culture" around sex and sexuality a family brings to the existence and more importantly maintenance of sexual behaviour problems, targeting families is a key aspect to improving targeted behaviours. Friedrich *et al.*(2010) suggest that a targeted intervention promoting effective and behaviourally driven parenting skills, increasing awareness and response to a child's needs, targeting psycho-education and skill development within the child, and emphasizing nurturing environments, will lead to

better and sustainable outcomes for these individuals and families (Friedrich*et al.*, 2010).

2.5 CONCLUSION

In conclusion, various developmental characteristics shape the development of the child during middle childhood. Physical changes take place which have an impact on the cognitive development of the child. The cognitive changes that take place are aspects like, the ability to conserve, have logic thoughts, classification and reason logic. Moral and religious development also take place, children become less egocentric and other people's views become important. Friendships, peer pressure and teacher relationships have an impact on the child's social development at this stage. It also came to the fore that the impact of the family and home circumstances has a significant impact on the developing child.

Trauma and the changes that take place in brain is seen as an important determining factor on the child's development. It also became evident in the literature review that psychological responses to stress result in common changes in the neurobiological functioning of the brain. These changes underlie the symptoms frequently observed in the aftermath of trauma. As stated earlier in the chapter, Teicher et al. (2002: 415) stated the following: "Theoretically, early neglect or abuse by altering levels of vasopressin and oxytocin could predispose mammals to suffer from enhanced sexual arousal, diminished capacity at sexual fulfilment, and deficient commitment to a single partner."According to these findings in literature the researcher deems it important to take into consideration what the impact of trauma on the brain is as it influences various aspects of the child's development. The middle childhood phase is thus a turbulent time in the development of the child, where developmental milestones need to be reached and quite a few challenges need to be faced.

In the following chapter, the researcher will illustrate and describe the phenomenon of sexualized behaviour as well as self-nurturing amongst children in middle childhood.

CHAPTER 3

SEXUALIZED BEHAVIOUR AND SELF-NURTURING AMONGST CHILDREN

3.1 INTRODUCTION

Children exhibiting sexual behaviour problems have increasingly gained the attention of child welfare and mental health systems, as well as the scientific community (Elkovitch et al., 2009:586). It has been found thatsexual behaviour problems do not represent a medical/psychological syndrome or a specific diagnosable disorder, but rather a set of behaviours that fall well outside acceptable societal limits (Report of the ATSA Task Force on Children with Sexual Behavior Problems, 2006:3).It can also be argued that even though the term sexual is used, the intentions and motivations for these behaviours may or may not be related to sexual gratification or sexual stimulation. These behaviours may be related to curiosity, anxiety, imitation, attention seeking, self-calming, and/or other reasons (Silovsky and Bonner, 2003 in TFCSBP, 2006:3). The researcher therefore noted that one must evaluate the meaning the child attaches to the sexualized behaviour in order to understand the intention with which it is done.

Childhood sexual behaviour problems (SBP) can differ widely in their degree of severity and potential harm to other children (TFCSBP, 2006:2). Although some features are common, virtually no characteristic is universal and there is no profile or constellation of factors characterizing these children. Children with sexual behaviour problems consistently demonstrate a number of problems related to adjustment and overall development (Elkovitch et al 2009:586).

There are strong debates that take place regarding the role of attachment in the treatment of children who come from chaotic backgrounds and who have lacked the stability and predictability that help them develop the appropriate skills to regulate their affects. They also lack the ability to understand and maintain healthy and safe relationships; develop solid sense of self and behavioural control mechanisms (Friedrich and Norton, 2007).

Sexual behaviour problems in children and adolescents have particular risk factors, making it more likely that one will develop sexual behaviour problems, one being a history of chaotic homes and the lack of a child's needs being met. The authors

maintain that due to the histories of the "culture" around sex and sexuality, a family brings to the existence and more importantly, maintenance of sexual behaviour problems. Targeting families is a key part to improving targeted behaviour (Friedrich and Norton, 2007).

3.2 NORMATIVE SEXUAL BEHAVIOURS DURING CHILDHOOD

In the past, preadolescent children have been regarded as asexual. It was felt that any evidence of sexual behaviour must be questioned as to whether it is a symptom of sexual abuse (Gordon and Schroeder, 1995). The display of certain sexual behaviours in childhood are expected and developmentally appropriate (Friedrich*et al.*, 1991, 1992, 2001; Larsson and Svedin, 2002; Lindblad *et al.*, 1995; Sandfort and Cohen-Kettenis, 2002).

It is important to distinguish sexual behaviour problems from normal childhood sexual play and exploration. Normal childhood sexual play and exploration can be seen as behaviour that occurs spontaneously, from time to time, is mutual and non-coercive when it involves other children, and the behaviour itself, does not cause emotional distress. Normal childhood sexual play and exploration is not a preoccupation and usually does not involve sexual behaviours like intercourse or oral sex (TFCSBP, 2006:4). Some degree of behaviour focused on sexual body parts, curiosity about sexual behaviour, and interest in sexual stimulation is a normal part of child development. These behaviours can be seen as normal interests and the behaviour varies across developmental stages and across cultures (Friedrich*et al.*, 2001).(page)

In order to determine whether the behaviour involves potential for harm, it is important to consider the following (Araji, 1997; Hall, Matthews and Pearce, 1998 and Johnson, 2004):

- Age.

- Developmental differences of the children involved.

- The use of force.

- Intimidation or coercion.

- The presence of any emotional distress in the child involved.

- Whether the behaviour appears to be interfering with the child's social development.

- If/when the behaviour causes physical injury.

Empirical studies that were done on sexual behaviour in childhood have usually been approached in one (1) of two (2) ways: informant reports from parent/ guardians or day care providers or; retrospective studies with adolescents/adults (Elkovitch *et al.*, 2009: 587). Research clearly indicates that parents and day-care providers report a broad range of child sexual behaviours, from low-frequency and specific behaviours, to high-frequency and more general behaviours. According to the parents' reports on low-frequency behaviours, the findings include behaviours that are intrusive, aggressive, or more imitative of adult sexual behaviour, such as attempted intercourse, oral–genital contact, masturbating with an object, and inserting objects into vagina/ rectum (Friedrich*et al.*, 1991, 1998, 2000; Lindblad *et al.*, 1995 and Schoentjes *et a*l., 1999).High-frequency child sexual behaviours reported by parents include self-stimulating behaviours (e.g., touching genitals in public/ home), exhibitionism (e.g., exposing genitals to others), voyeurism (e.g., attempting to look at other people when nude) and behaviours related to personal boundaries (e.g., standing too close to others). Solitary self-stimulating behaviours are reported to be the most frequently observed (Friedrich et al., 1991, 1998, 2000; Lindblad *et al.*, 1995 and Schoentjes *et al.*, 1999).

In a study that was done by Friedrich *et al.* (1998) with caregivers it was reported that in a normative sample of children, 60.2% of boys aged two (2) to five (5) years old and 43.8% girls of the same age range engaged in genital touching. It was found that the prevalence of these behaviours gradually dropped with aged (Friedrichet al.,1998):

- 39.8% of boys were observed touching their genitals (age 6 – 9 years)

- 20.7% girls were observed touching their genitals (age 6 – 9 years)

It was also found that the percentages were even lower in the ten (10) – twelve (12) year old age group:

- 1.1% of boys

- 2.2% for girls

In contrast to informant ratings other studies that utilize retrospective reports often find an increase in self-stimulating behaviour in the years preceding puberty, predominantly amongst boys (Bancroft, Reynolds and Herbenick, 2003). One of the reasons for these conflicting results may be that older children are more aware of the 'sexual taboo', and they are therefore able to exercise restraint when they engage in these behaviours. Based on parent and day care provider information it appears that behaviours in categories like exhibitionism, voyeurism, and personal boundaries, decrease with age (Bancroft *et al.*, 2003).

In contrast with the above statements, a number of other sexual behaviours have been found to become more frequent with age. These behaviours include the following: showing interest in the opposite sex, asking questions about sexuality, looking at nude pictures, drawing sexual parts, using sexual words and expressing an interest in nudity on television (Friedrich *et al.,*1991, 1998; Sandfort and Cohen-Kettenis, 2000; Schoentjes*et al.,* 1999). In a sample of children aged two (2) to twelve (12) years it was found that 5% of children aged two (2) to five (5) were reported by their female caregivers to express an interest in television nudity, whereas this behaviour was reported in 15% of the children aged 10 to 12 (Friedrich *et al.,*1998).

Some parents may be unwilling to report observed sexual behaviour (Larsson & Svedin, 2002), or may have limited the opportunity to observe their child engage in interpersonal sexual behaviours. Mothers with more years of education are likely to report more sexual behaviour in their children than are less educated mothers. Mothers with a history of sexual abuse may be even more prone to over- or under-report sexual behaviour in their children (Friedrich *et al.,*1998).

Factors, such as culture, and memory, may also impact the display and reported frequency of sexual behaviours, as culturally-specific values and expectations for children may influence and modify a child's behaviour (Rothbaum, Weisz, Pott, Miyake & Morelli, 2000:110).

Research that was done by the National Centre on Sexual Behaviour of Youth (2004:1) on sexual behaviour of children between the ages two (2) and twelve (12) documented the following:

- Sexual responses are present from birth.

- A wide range of sexual behaviours at this age is considered normal and non-problematic.

- Increasing numbers of school age children are being identified with inappropriate or aggressive sexual behaviour.

- It is not clear whether this increase reflects an increase in the actual number of cases or an increase in identification and reporting.

- It has been found that interventions, like cognitive behavioural group treatment has been effective in reducing problematic sexual behavioural in children.

- Sexual development and behaviour are influenced by social, familial, cultural, genetic and biological factors.

According to the NCSBY (2004:1), the typical sexual knowledge of children aged seven (7) to twelve (12) years old is:

- Learning the correct names for the genitals but they use slang terms.

- To have an increased knowledge about masturbation, intercourse and pregnancy.

- To understand the physical aspects of puberty by the age of ten (10).

The researcher deemed it necessary to include sexualized behaviours of children seven (7) to twelve (12) in order to understand the development and the dynamics thereof.

Common vs. infrequent sexual behaviours of children aged seven (7) to twelve (12) (National Centre on Child Sexual Behaviour of Youth, 2004:2):

The table below lists sexual behaviours that are commonly observed or reported by parents of school age children (National Centre on Child Sexual Behaviour of Youth, 2004:2).

Table 2: Sexual Behaviour of children aged seven (7) - twelve (12)

Sexual Behaviour of children aged seven (7) - twelve (12)	
Common behaviour	Infrequent behaviour
Sexual play with children they know, such as playing "doctor"	Asks to engage in sex acts
Interested in sexual content in media (TV, movies, radio)	Imitates intercourse
Touch own genitals at home, in private	Undresses other people
Look at nude pictures	Asks to watch sexually explicit television
Interested in the opposite sex	Makes sexual sounds
Shy about undressing	Put mouth on sex parts
Shy around strange men	Put objects in rectum or vagina
	Masturbates with objects
	Touches other's sex parts after being told not to
	Touches adult's sex parts

3.3 DEFINING CHILD SEXUAL BEHAVIOUR PROBLEMS

Building from the work of Hall *et al.*(1998a, 1998b) and Araji (1997), the Association for the Treatment of Sexual Abusers (ATSA) and the Children with Sexual Behaviour Problems Task Force (2006:3) broadly defines children with sexual behaviour

problems as: "Children ages 12 and younger who initiate behaviours involving sexual body parts (i.e., genitals, anus, buttocks, or breasts) that is according to Chaffin et al.(2008:200) developmentally inappropriate or potentially harmful to themselves or others".

Developmentally inappropriate sexual behaviours occur at a greater frequency or at a much earlier age than would be developmentally or culturally expected. It becomes a fixation for the child, or reoccurs after adult intervention. Potentially harmful behaviours take place when coercion is used, force or intimidation takes place, and it causes physical injury or emotional distress in the child or children involved (ATSA, 2006:3). The definition reflects the fact that childhood sexual behaviour problems do not represent a psychological syndrome or a specific diagnosable disorder, but rather a broad continuum of behaviours (Chaffin et al., 2008).

Other more frequent childhood behaviours, for e.g. genital touching, exhibitionism and voyeurism, can be more problematic depending on the child's age and the context in which these behaviours occur. It is essential to note that while the term sexual is used, the intentions and motivations for these behaviours may or may not be related to sexual gratification or sexual stimulation (Elkovitch *et al.*, 2009:589). These behaviours might be related to curiosity or anxiety, or may be derivative, attention-seeking or self-calming in nature. More research is needed on the phenomenon which including cross-cultural work, in order to more fully elucidate developmental deviations outside of the normative range (Chaffin et al., 2008 and Silovsky and Bonner, 2003).

An important area of assessment is determining the extent to which the pattern of sexual behaviour problems is self-focused, other-directed, planned, aggressive or coercive. Sexual behaviour problems that are focused on the self, such as excessive childhood masturbation, may suggest a very different intervention plan from sexual behaviour problems that involve use of force with other children. It is also imperative to determine how the behaviour was initiated, the degree of mutuality involved, and whether the behaviour was planned or impulsive and whether it involved the use of force or aggression when other children were involved, in order to overcome any resistance (TFCBP, 2006:9). In order to assess the extent of supervision and restriction needed in order to protect other children, the understanding of these factors is important. It is also important to assess the corrective efforts that have shown some

degree of success as well as attention to lack of efforts to correct behaviour in order to gain insight into important elements of an effective intervention plan or strategy (TFCBP, 2006:9).

3.4 PROBLEMS AND CONSEQUENCES ASSOSIATED WITH CHILD SEXUAL BEHAVIOUR PROBLEMS

The exhibiting of sexual behaviour problems in childhood is associated with a number of problems related to adjustment and overall development. These problems can include emotional and behavioural problems, (both externalizing and internalizing), skill deficits, placement disruptions and legal interventions. These problems will therefore be discussed in the following section in order to gain a broader understanding of the phenomenon (Elkovitch *et al.*, 2009:589):

3.4.1 Emotional and behavioural problems

A number of nonsexual emotional and behavioural problems have been described amongst children demonstrating problematic sexual behaviours (Elkovitch *et al.*, 2009:589). It was found that greater levels of sexual behaviour were strongly associated with externalizing problems for boys and girls, aged two (2) to twelve (12) years, in normative, psychiatric and sexually abused groups. It appears that for some children sexual behaviour problems might be part of an overall pattern of disruptive behaviour problems (Friedrich *et al.,*2001). This is comforting as it suggests that childhood sexual behaviour problems may not be a specialized behavioural disturbance (Friedrich, 2005).

3.4.2 Skills deficits

It was found that children with sexual behavioural problems appear to exhibit skill deficits, especially those that are interpersonal in nature (Elkovitch *et al.*, 2009:589). Children with sexual behavioural problems frequently present with poor boundaries, which is often associated with socialization difficulties and stigmatizing reactions from peers (Silovksy and Niec, 2002). Children with sexual behavioural problems have more difficulties at school (reports by children and parents) as well as lower levels of self-reported peer acceptance and self-concept than children reported to demonstrate more normative sexual behaviours (Bonner, Walker and Berliner, 1999).

These troubling, poor interpersonal boundaries might predispose the child to further becoming a victim of sexual victimization especially if the child has previously been victimized (Silovsky and Niec, 2002).

3.4.3 Placement disruptions

It was revealed that problematic sexualized behaviours are more prevalent in the residual treatment centre (RTC) than they were in the normative sample. During a study it was found that analyses comparing youths who met the criterion for having problematic sexualized behaviours and youths who did not meet the criterion, revealed that the two groups differed in clinical symptoms, prior traumatic events, and negative reports by caregivers (Baker *et al.*, 2008:5).

Children who demonstrate sexual behavioural problems frequently experience disruptions in placement, including removal from the home or changes in residential or foster care (Elkovitch *et al.*, 2009: 589). The National Survey of Child and Adolescent Well-Being (2003) found children placed in out-of-home care because of abuse or neglect, were more prone to score lower than the general population on measures of cognitive capacity, language development and academic achievement (Elkovitch *et al.*, 2009:589).The removal of a child from his or her family home has the following effects on the child according to Louw (2006:60 - 61):

- **Lack of security**

The removal of a child from his or her home can cause the child to feel disorientated, which in turn creates a feeling of life-long instability (Plumer, 1992:44 in Louw 2006: 60). Because the research study was done with social workers working in children's homes, the effects of children being removed from their homes was seen as an important factor to take into account as it might take away their feelings of security. This might create a situation where they need to self-nurture in order to feel a sense of security.

- **Loss of a feeling of belonging**

When a child is removed through a court order, the child's sense of belonging and sense of security are distorted because he or she is exposed to a strange environment where he or she does not know the caregiver (Plumer, 1992:44 in Louw 2006:60).

- **Loss of self-image**

Removal out of his or her familiar settings can have a permanent negative psychosocial effect on a child in later life, as well as on his or her self-image (Plumer, 1992: 44 in Louw 2006:60).

- **Behavioural and adaptation problems**

The child placed in alternative care has even more difficulty in adapting to the new environment in comparison to a child raised in healthier circumstances and is therefore less prone to accept authority from the alternative caregiver (Plumer, 1992:44 in Louw, 2006:61).

- **Ambivalent feelings of guilt**

The child can forget the reason for removal from his or her family and spend all his or her time on feelings of guilt (Plumer, 1992:44 in Louw, 2006:61).

The researcher is of the opinion that the above-mentioned factors may have a significant effect on the child's normal development and should be taken into consideration when viewing the child displaying sexualised behaviour. Professionals who have the task of supporting the above children with the many losses they experience, need to understand the possible function of sexualised behaviour for children.

These placement disruptions are particularly worrying for these children as existing research indicates that children who experience either volatile or multiple changes in placement are particularly vulnerable to continued internalizing and externalizing symptomatology (Newton *et al.,* 2000:1371).

3.5 DEVELOPMENT OF CHILD SEXUAL BEHAVIOURAL PROBLEMS

The study of children who act out sexually is a relatively new and important area of clinical attention and research (Pithers, Gray, Busconi and Houchens, 1998:384). Problematic sexualized behaviour in children can in some instances be a precursor to sexual offending; secondly, problematic sexualized behaviour may also be a

manifestation of a serious underlying emotional problem, specifically sexual abuse history and subsequent posttraumatic stress disorder (Baker *et al.*, 2008:6).

The origins of sexual behavioural problems in children are not always clearly understood. Some of the first theories on sexual behavioural problems emphasized the exposure to sexual abuse as the predominant, if not the only cause of sexual behaviour problems in children (TFCSBP, 2006:4). Children who have been sexually abused do engage in a higher frequency of sexual behaviours than children who have not been sexually abused (TFCSBP, 2006:4). Sexual abuse histories have been found in high percentages of children with sexual behavioural problems (Johnson, 1988, 1989 and Friedrich, 1988 inTFCSBP, 2006:4). According to the TFCSBP (2006: 4) during the last decade of research it has been found that many children with broadly defined sexual behavioural problems have no known history of sexual abuse (Bonner, Walker, & Berliner, 1999; Silovsky & Niec, 2002). Friedrich (2001, 2003) maintains that the origins and maintenance of childhood sexual behavioural problems include familial, social, economic and developmental factors (in TFCSBP, 2006:4). Contributing factors may include sexual abuse and also physical abuse, neglect, substandard parenting practices, exposure to sexually explicit media, living in a highly sexualized environment, and exposure to family violence (Friedrich, Davies, Feher, & Wright, 2003 in TFCSBP, 2006:4).

Research found that many children demonstrating problematic sexual behaviour do not always have documented histories of sexual abuse as stated above (Silovsky and Niec, 2002). For this reason, investigators have examined multiple factors and processes that may contribute to the development of these problem behaviours. In Cicchetti's (1993) ecological-transactional model, the ecology of child development is conceptualized as a hierarchy of co-occurring domains of influence, including contexts most distal to the child (Elkovitch, Latzman, Hansen and Flood, 2009:590).

- The macro system (e.g., cultural beliefs).
- The exosystem (neighbourhood settings).
- The micro system (e.g., family factors such as parenting).
- The ontogenic characteristics of the child (e.g., age, temperament).

 Each of these domains contains both potentiating factors, which increase the probability of poor outcomes, and compensatory factors, which buffer the risk for such

outcomes (Cicchetti and Rizley, 1981). In the following section the researcher will examine the multiple contextual influences affecting the development of problematic sexual behaviours utilizing Cicchetti's and Lynch (1993) ecological–transactional framework (Elkovitch *et al.*, 2009:590).

3.6 SEXUAL ABUSE AS A RISK FACTOR FOR THE DEVELOPMENT OF CHILDHOOD SEXUAL BEHAVIOURAL PROBLEMS

Existing research indicates that child sexual abuse (CSA) is associated with a number of emotional and behavioural problems that emerge during childhood (Elkovitch *et al.*, 2009:591). These include posttraumatic stress symptomatology for example fears, heightened startle reactions (Wells *et al.,* 1995), depression (Ligezinska*et al.,* 1996), self-injurious behaviour (Crowe & Bunclark, 2000), academic and behavioural problems (Cohen & Mannarino, 1998) and sexual behavioural problems (Cosentino*et al.,* 1995; Friedrich *et al.,* 2001; Kendall-Tackett *et al.,* 1993; Mannarino & Cohen, 1996 in Elkovitch *et al.*, 2009:591).

Research has demonstrated that children, who have been sexually abused, engage in a higher frequency of problematic sexual behaviours than children who have not been sexually abused. It was also found that sexually abused children were significantly more prone to demonstrate problematic sexual behaviour when compared to their non-abused counterparts. Sexual behavioural problems and posttraumatic stress disorder symptoms were identified as the only symptoms exhibited more often by sexually abused children than by non-abused children in settings that were clinical (Elkovitch *et al.*, 2009:591).

It was found that in all age groups, the non-psychiatric control children exhibited significantly fewer parent-reported sexual behaviour problems than did the three groups of clinically referred children (Friedrich*et al.*, 1997:591). In a study that was done by Cosentino *et al.*, 1995 (in Elkovitch *et al.*, 2009:591), it was found that the sexually abused girls and the psychiatric control groups manifested more sexual behavioural problems and psychopathology in general compared to the non-psychiatric control groups. Therefore, in comparison to the psychiatric control group, the sexually abused girls were more likely to demonstrate problematic sexual

behaviours, particularly with regard to open and excessive self-stimulation, boundary violations, and sexual aggression (Elkovitch *et al.*, 2009:591).

Sexual behaviours, particularly behaviours relating to poor personal boundaries and sexual knowledge and interest, were reported significantly more often by mothers of children in the psychiatric outpatient group than mothers of the non-abused, nonclinical children. However, all problematic sexual behaviours were reported to be displayed by the sexually abused children more often than either the psychiatric outpatients or the nonclinical group (Friedrichet al., 1987; 1988 in Elkovitch *et al.*, 2009:591).

Elkovitch *et al.*(2009:591) examined sexual abuse histories of children who were referred for treatment for sexual behavioural problems. This is done as opposed to examining sexual behavioural problems in samples of children referred due to sexual abuse. This research indicated that previous sexual abuse is often present in the histories of these children; but it is also evident that this history is not always present, even in the children displaying the most intrusive behaviours. While children with sexual behavioural problems had significantly higher rates of sexual abuse histories than children in his comparison group, more than half the children in both groups did not have a substantiated history of sexual abuse (Bonner, Walker, and Berliner, 1999). Whatever the case, the fact that sexual abuse is not an experience always found in the histories of children with sexual behavioural problems cannot be ignored according to Friedrich (2007) cited in Elkovitch *et al.* (2009:591).

3.6.1 Risk factors for sexual behavioural problems in samples of sexually abused children

The research reviewed above indicates that sexually abused children are more likely to demonstrate problematic sexual behaviours than were not sexually abused children from either community settings or psychiatric settings. In contrast to this, Elkovitch *et al.* (2009:591) found that many children who have been sexually abused do not necessarily develop sexual behaviour problems. It was also confirmed that many children with sexual behavioural problems have no known history of child sexual abuse. Some researchers have moved beyond an examination of whether sexually

abused children are at risk for developing problematic sexual behaviours and have begun to identify factors that account for this association.

In the following section, the researcher will conceptualize these factors that are associated with the development of child sexual abuse behaviour problems which develop due to childhood sexual abuse.

3.6.1.1 Childhood sexual abuse

During 2009 there were about one million telephone calls made to the crisis line, it was also the most calls which they have ever received. Van Niekerk (Childline's Management Director) in Cawood (2004) said the following: "Every year we get more calls, but this was the highest we ever recorded". She also added that almost 25 000, that is almost 68 children referred per day. Out of the 25 000 children that were referred for crisis standby, almost 3 428 were physically abused, 4 847 were emotionally abused and 888 were sexually abused. The prevalence of sexual abuse and other traumatic experiences that children might encounter needs to be taken into account in order to understand what might be contributing factors to children displaying sexualized behaviour problems.

Sexual abuse is without a doubt a traumatic experience for children (Van Rensburg and Barnard; 2005:1). Sexual abuse against children can be considered as one of the direst acts that one human being can inflict upon another human being (Fouché, 2007: 1). It remains a pressing social concern and when it comes to light, the people who are directly involved, are staggered (Bromberg & Johnson, 2001:343 and Fouché, 2001: 15 in Fouché, 2007:43). Sexual abuse is prevalent all over the world, across cultural and societal boundaries and has a remarkably injurious impact on human development (Ney, 1995: 6 and Berlinger, 2003: 14 in Fouché, 2007:43). Focus will therefore be placed on important aspects of sexual abuse in order to gain a broader understanding of the dynamics of sexual abuse.

3.6.1.2 Defining the term 'child sexual abuse'

The researcher deemed it important to define the term sexual abuse in order to understand what it encompasses. As discussed in the previous sections, sexual abuse is seen as a risk factor for sexual behavioural problems in children and the dynamics thereof needs to be discussed.

As sexual abuse involves the misuse of power and control, it can be difficult for children to protect themselves, as they lack the physical strength needed to stand up for themselves (Geldard and Geldard, 2008:273).

Childline in Van Wyk (2010:12) defines childhood sexual abuse as the exploitation of a child for the sexual or erotic fulfilment of the exploiter. This includes actions such as 'peeping', exhibitionism, to rape and sodomy. Sexual abuse also includes: kissing, touching, masturbation, exposing the child to pornography, oral sex, vaginal or anal penetration and the penetration with objects. The new Children's Act (2007) elaborates the concept en states clearly that a person is guilty of sexual abuse, even though he/she is just a co-worker during the abuse or he/she is aware of the fact that the child is being sexually abused.

The researcher agrees that sexual abuse as an act is a direct violation of children's rights who do not have the mental or physical capacity to protect themselves. In the proceeding section the incidence and prevalence of sexual abuse will be discussed accordingly.

- **International studies**

It has been indicated that sexual abuse of children has only been addressed in the United Kingdom and United States of America since 1980 (Gillham, 1991:8). In South-Africa the need to establish a unit within the South African Police Service in order to prevent and combat crimes against children, was identified in 1986 (Pienaar, 2000:19).

According to reports from child protective service agencies in the United States of America, 78 188 children were sexually abused in 2003, at the rate of 1.2 per 1 000 children (Cronch *et al.*, 2006:196). Another study that was done by Diaz and Manigat (1999: 141) in the United States of America, revealed that approximately half of all children who are sexually abused are between the ages of 6 and 12 years, with the median age for girls at the time of the abuse nine 9 years and 6 months.

Johnson (2004:462) and La Fontaine (1990:77) mention that there are several reasons why all instances of abuse are not recognized are reported:

- Young children or children with handicaps may have inadequate communication skills to report an event or provide details.

- A child may not recognize an action as indecent.

- Children and adults may forget or repress unpleasant memories they may also co-operate with demands for secrecy.

- Countries with limited economic resources may not be able to manage all the reports of alleged child sexual abuse.

- Cultural issues that have to do with sexuality may stop people from reporting abusive acts.

- Policy and programme changes within child protection services.

It is the view of the researcher that it is important to understand the dynamics regarding the poor conviction rates as well as the prevalence of child sexual abuse nationally, provincially and regionally. By gaining a broader understanding of the prevalence both nationally, provincially and regionally one starts to understand the impact and scale thereof in the South African context. These statistics will be discussed accordingly.

- **South-Africa: National, provincial and regional statistics**

In various contexts, it is not easy to gather accurate figures on child abuse in South Africa due to conspiracy and the silence that surrounds abuse against children (Vermeulen and Fouché, 2006:14).

It is estimated that in South Africa, one out of three girls and one out of five boys are abused before the age of 18 according to Cowood (2004) cited in Fouche (2007:57) In another study that was conducted, girls under the age of 18 years who had been sexually abused in South Africa, the perpetrator was in (Vermeulen and Fouché, 2006: 20):

- 14.8% of the cases the parent.

- 8.3% of cases either a stepparent or the lovers of a parent.

- 13.1% of cases another family member.

- 7.9% of cases a person in position of authority.

- 7.9% of cases a stranger.

- 47.6% of cases the perpetrator was unknown. In these cases the professionals involved were not sure whether the person indicated by the child was too young to identify the offender.

Similar statistics found that 40% of the people responsible for abuse were a family member, in 50% of the cases the perpetrator was a friend of the family, in 40% of the cases the perpetrator was an older child which is known by the child and only 10% were reported to be strangers. In 98% of the cases the perpetrator was identified as being male (Van Wyk, 2010:25).

In the above-mentioned statistics is evident that in most instances the perpetrator is the parents of the child, another family member or somebody that the child knows.

3.6.1.3 Dynamics in the field of child sexual abuse

Sexual abuse is a major problem in society (Spies, 2006:44). Researchers and therapists, like Finkelhor (1995), Bass and Davis (1988), Maltz (2003) and Briere (1996) in Spies (2006:44) found that early sexual involvement with adults exposes the child to premature sexualisation and can have long term negative consequences for the victim. Fouché (2007:62) agrees with this and states that the phenomenon of child sexual abuse is marked by complicated dynamics such as the disclosure process, grooming of children, false allegations and the Stockholm syndrome.

3.6.1.4 Forms of sexual abuse

Studies that were done by Doyle (1995:16), found that the incidence of child sexual abuse occurs in different ways and in a wide variety of contexts. It was also found that the perpetrators can be either male or female; they can work alone, in pairs, in groups, be family members, distant acquaintances or strangers (Doyle, 1995:16).

The incidence and forms of child sexual abuse, does not fall into any social class, professional occupation or ethnic group but can be referred to in categories such as mild or moderate. Factors that influence these categories can be:

- To look at whether there was sexual penetration or not.

- The frequency of the abuse.

- The duration and the relationship between the abuser and the child.

Sexual abuse can be categorized as: touching, therefore making contact and not touching, not making contact (Doyle, 1994:20 – 23 and Glaser and Frosh, 1993: 18).Behaviours that are sexually abusive often involve bodily contact such as sexual kissing, touching, fondling of genitals, or, anal and vaginal intercourse. Some behaviour may be sexually abusive even when there is no contact. Non-contact abuse is example genital exposure (flashing), verbal pressure for sex and sexual exploitation for purposes of prostitution or pornography (Whaelin, 2002: 1).

The American Psychological Association (2011) adds on to the list of sexually abusive behaviours by stating that acts such as masturbation, oral-genital contact, having sex in front of children, showing x-rated books or movies to a child, using a child in the pornographic production of any kind, as well as digital penetration are also included. The form of sexual abuse used by the perpetrator will depend on the perverseness and the outcomes that the perpetrator is aiming to achieve through the abusive act (Bandi, 2003:20).

Doyle (1994:20 – 24) illustrates two types of sexual abuse, these two types are set out in the table below:

Table 3: Types of Sexual Abuse

Sexual Abuse with contact	*Sexual abuse without contact*
Fondling	Voyeurism
Masturbation	Exhibitionism
Frottage	Pornography
Bondage	Verbal abuse
Stimulated intercourse	
Penetration	
Flagellation	
Oral sex	

(Doyle, C. 1994: 20 – 24)

3.6.1.5   Settings for sexual abuse

There are a considerable number of settings in which child sexual abuse can take place. It can take place within the family, community as well as in institutional settings by known and unknown perpetrators (Doyle, 1994: 28). According to Bandi (2003:21) the perpetrators are mostly adults who are known and to some extent trusted by the children and their parents. These adults can be in position of some type of authority or influence such as parents, relatives, teachers, foster parents, baby sitters and boarding masters. The researcher is of the opinion that the setting for sexual abuse must be discussed in order to understand the exposure that children might have to abuse.

Children are generally not safe with apparently safe people and in supposedly safe places. The perpetrators also have a responsibility of buying some time through the grooming process to make sure that the children ultimately put their trust in them. The settings for sexual abuse will be discussed in the following section (Glaser and Frosh, 1993:16).

- **Family settings**

Within family settings children can be abused by blood relatives, for example parents, siblings, uncles, aunts, grandparents and cousins. These relatives may even live in the family home. In other situations, children are abused by non-relatives who are staying with the family in one house. These perpetrators include the parent's cohabite, foster parents, lodgers and baby sitters. Most often, children prefer not to disclose the abuse at an early stage if it occurs in the family system, as the possibility exists that the family can disintegrate (Doyle, 1994:32- 34).

The researcher found it important to discuss the prevalence of child sexual abuse amongst siblings in order to gain a broader perspective on the subject of sexualized behaviours.

Sexual abuse or sibling incest includes the following: sexual behaviour between siblings that is long lasting, not motivated by age-appropriate curiosity and the victim is not developmentally prepared (Caffaro and Conn-Caffaro, 1998:12 – 13 in Bezuidenhout and Joubert, 2003: 33).

Caffaro and Conn-Caffaro (1998:44) as cited in Bezuidenhout and Joubert (2003: 33) state that in most cases, the perpetrator of sibling incest is an older brother molesting a younger sister and three explanations is offered for this:

- The younger sister is used by the older brother for sexual experimentation.

- Mostly the brother assaults the sister due to a lack of parental affection or unavailable female peers.

- The perpetrator himself was physically and/or sexually abused and can force the sister into a sexual relationship by using coercion and violence.

Apart from brother-sister incest, sexual assault can also take place between sister-brother, brother-brother and sister-sister (Bezuidenhout and Joubert, 2003:32).

- **Community and neighbourhood settings**

Children may be sexually abused by strangers or acquaintances, neighbours, teachers and clergymen (Doyle, 1994:32- 34).

A considerable number of sex offenders may spend a significant period of their lifetime infiltrating organizations or seeking opportunities to work with children (Interpol, 2003: 1 and Doyle, 1994:32 – 34). They also work in professions where they can have substantial access to children and young persons. They generally gain a position of trust in the community and therefore have a legitimate reason for befriending children (Doyle, 1994:32- 34).

The potential child victim will be targeted from places where they usually assemble, like parks, shopping centres and bus stations (Burgess, 1992:117 – 118). Strangers may abuse children in semi-public places like the corner of a park. When the targeted victim is approached, the main aim is to gather basic information about the child (Doyle, 1994: 33). This will assist the perpetrator in assessing the child's vulnerability and the nurturance received by the child. The following children can be prone to becoming potential victims of sexual abuse (Burgess, 1992:118):

- Children who ran away from home.

- Children who are lonely.

- Children who have a low or negative self-image/self-esteem.

- Rebellious children who revolt against the restrictions from home and school.

Children become easy victims because they are easily influenced by adults, naturally trusting and curious and enjoy the affection and attention of adults (Lawn, 2001:2 in Doyle, 1994:33).

- **Commercial sexual exploitation of children**

Commercial sexual exploitation of children is divided into three categories, namely child prostitution, trafficking of children for sexual exploitation and child pornography (Davis and Snyman, 2007:180):

- **Child survival sex**

An estimated 28 000–38 000 children are involved in survival sex in South Africa and an estimated one out of every twelve sex workers in Johannesburg is under the age of 17 (Kreston, 2004).

Child survival sex is labelled as prostitution by the National Centre on Child Abuse with the following features: "The use of or participation by children under the age of majority in sexual acts with adults or other minors."

The sexual exploitation of children should be considered in a more serious light than adult sex working, since children are more vulnerable, and are far more likely to be victims of debt bondage, illegal confinement, trafficking, physical and sexual violence, torture, as well as chemical and alcohol dependency (Davis and Snyman, 2007:180).

- **Trafficking of children**

Trafficking of humans can be defined as: "transportation, recruitment, receipt or harbouring of and individual by means of the use of threat, fraud, and force or through the abuse of power" (Talk about children at risk, 1999:7).

The trafficking of children for commercial sexual exploitation is on the increase, with a focus on featuring in pornography which is then distributed on the internet. Children are also sold to private paedophiles and or paedophile rings (Kreston, 2004).

- **Child sex tourism**

Child sex tourism refers to the sexual exploitation or abuse of a national, usually from a developing country, by the national of another country, usually a developed country. The rationalization behind the perpetration of this crime is diverse, ranging from

excuses such as "it is a cultural thing", or "I am helping the family", to "the country needs the cash and the child is expendable'" (Kreston, 2004:181).

- **Exploitation by means of the internet**

The internet offers new opportunities to paedophiles and other sexual predators for inviting victims (Spies, 2006:23). The internet has also heightened the vulnerability of children falling victim to sexual abuse (Davis and Snyman, 2007:181).

On the internet, children can encounter material that offends or corrupts them or they may become targets of sexual exploitation. Internet pornography is an opportunity that is accessible to all and consists of the following three activities (Du Toit, 2002:21):

- Arrangements for the exchange, the sale and the purchase of child pornography.

- Activities and arrangements between adults seeking sexual access to children and between adults who are able to provide or trade children for sex.

- Adults who establish 'friendships' with children online, which in future may lead to contact and possible exploitation of the child.

Child pornography can be defined as a photograph or image of a real child scanned and replicated, or an innocent picture of a child that may be manipulated by the computer to create sexually orientated photos, or a fake image of a child which is generated by computer graphics (Du Toit, 2002:19 in Davis and Snyman, 2007:181 and Spies, 2006:24). It is also possible to see live sex acts, discuss sex or arrange sexual activities on the Internet. It involves the production, distribution and/or use of such material (Van Schalkwyk, 1990:23 in Davis and Snyman, 2007:181). It is clear that the child is exploited while another party profits from the exploitation.

Because sexual abuse is seen as a risk factor for children displaying sexualized behavioural problems, the researcher focused on all the settings where sexual abuse and or/exploitation can take place. One also needs to take this in to consideration in order to distinguish between sexualized behaviour as being developmentally appropriate, or an act of self-nurturing where it becomes an unhealthy coping skill.

- **Institutional abuse**

Sexual abuse may also occur in institutions that are presumed to be safe. Institutions referred to may include places of safety, youth care centres and reform schools. These institutions are legally there for the protection of the children but children find themselves trapped and vulnerable to be abused sexually by the people (staff) who ought to be protecting them (Bandi, 2007:23).

Children in these establishments are particularly vulnerable because the children are emotionally isolated. The children have little control over their lives, little autonomy and few choices over what to wear, when to watch television and when to go to bed. Obedience and compliance to a variety of adults is expected. Children are sometimes objectified by the system to such an extent that they lose their individuality. The problems faced within institutions is for the researcher the long list of rules that do not inform children when it is right to say 'no' without feelings of guilt and without fear of being penalized (Doyle, 1994:39 – 40).

Observations made from various research projects point out that child molesters usually seek positions where they have contact with children. If they are given sole responsibility for the care of the children, they manage to plan and execute their deviant orientations more easily (Doyle, 1994:21 – 22).

- **School settings**

Because the study focuses mainly on children in middle childhood, the researcher will also shortly discuss sexual abuse in the school setting.

The following factors may constitute sexual harassment in schools (Fried and Fried, 1996:61):

- Bra snapping and 'pantsing' (pulling down trousers of boys or girls or pulling up girls dresses)

- 'Rating/scoring' other people

- Circulating or displaying pornographic materials

- Name-calling, for example slut, whore, fag or lesbian

- Teasing regarding a person's sexual activity or lack thereof

- Wearing clothing with sexual offensive words

- Displaying affection ('making out' in the school halls)

- Suggestive comments about clothing

Bullying can be defined as (Neser, Ovens, Van der Merwe, Morodi and Ladikos, 2003: 127): "The intentional, repeated hurtful words or acts or other behaviour committed by a child or children against another child or children." Bullying can be physical, verbal, relational, emotional and/or sexual in nature.

3.6.1.6 The impact of child sexual abuse

It is important to know that child sexual abuse is an expression of control and authority (Spies, 2006:53).   A child internalizes experiences of 'self' and of 'self' in relation to others during his/her childhood. The child will internalize certain messages to create an internal working model, this will then become the base from which the child will respond to, or interact with, the outer world (Wieland, 1997:35).

Some of the problems that victims can display are: sexual problems, depression, self destructive behaviour, promiscuity, aggression and sometimes they might even become molesters themselves (Van Schalkwyk, 1990:36 – 37).

The National Adoption Information Clearinghouse (2005:1) states that the impact of child abuse and neglect is often discussed in terms of physical, psychological, behavioural, and societal consequences. In realistic terms, it is however impossible to separate these consequences completely.

Physical consequences (such as damage to a child's growing brain) can have psychological implications (for example cognitive delays or emotional difficulties). Psychological problems often manifest as high-risk behaviours. As an example, depression and anxiety, may make a person more likely to smoke, abuse alcohol or illicit drugs, or overeat. High-risk behaviours, in turn, can lead to long-term physical health problems such as sexually transmitted diseases, cancer, and obesity (The National Adoption Information Clearinghouse, 2005:1).

3.6.1.7 Trauma of child sexual abuse

Children who are sexually abused undergo marked interruptions in their development and their views of the world. This can result in significant emotional and behavioural changes indicative of the attempts to cope with these events (Fouché and Yssel, 2006:241).

In research that was done by Murthi and Espelage (2005) in Fouché and Yssel (2006: 241) on college students who were victims of sexual abuse, they classified the losses of the subjects on three scales, namely:

- Loss of optimism

- Loss of self

- Loss of childhood

Murthi and Espelage (2005) in Fouché and Yssel (2006:241) concluded that multiple experiences of child sexual abuse would be associated with greater perceptions of loss across the three scales.

3.6.1.8   Responses to trauma

The traumatic effects of sexual abuse can be described in terms of four specific responses to trauma namely (Bentovin, Bentovin, Vizard and Wiseman, 1995:247 – 248 in NAIC, 2008:2):

- Intrusion

- Avoidance

- Tension, arousal and fearfulness

- Post-traumatic state

Not all abused and neglected children will experience the same long-term intensity. Outcomes of individual cases vary extensively and are affected by various factors. These factors include (NAIC, 2008:2):

- The child's age and developmental status when the abuse or neglect occurred

- The type of abuse (physical abuse, neglect, sexual abuse, etc.)

- Frequency, duration, and severity of abuse

- Relationship between the victim and his or her abuser (Chalk, Gibbons, & Scarupa, 2002in NAIC, 2008:2)

Given similar conditions, some children experience long-term consequences of abuse and neglect while others emerge relatively unscathed (NAIS, 2008:2). The ability to cope, and even thrive, following a negative experience is sometimes referred to as

"resilience." A number of protective factors may contribute to an abused or neglected child's resilience. These include individual characteristics, such as optimism, self-esteem, intelligence, creativity, humour, and independence. Protective factors can also include the family or social environment, (the child's access to social support), community well-being, including neighbourhood stability and access to health care (Thomlison, 1997). The researcher agrees with these findings and is of the opinion that the severity and impact of the abuse differs due to individual characteristics.

3.7 FACTORS BEYOND CHILD SEXUAL ABUSE ASSOCIATED WITH THE DEVELOPMENT OF CHILD SEXUAL BEHAVIOUR PROBLEMS

3.7.1 Risk factors at the ontogenic level associated with the development of child sexual behaviour problems

Bronfenbrenner (1979) stated that children are continuously affected by their environment (Elkovitch *et al.*, 2009:591). By using their ecological-transactional model, Cicchetti and Lynch (1993) cited in Elkovitch *et al.* (2009:591) acknowledges the fact that children are not simply blank slates which are shaped byoutside forces

A child's age has been most widely investigated as the ontogenic factor relevant to the development of problematic sexual behaviour following child sexual abuse (Elkovitch *et al.,* 2009:591). In this regard it was reported that sexual behaviour problems were most common in the youngest age group of children (aged 3 to 5 years) where there is a history of child sexual abuse (Elkovitch *et al.*, 2009:591). This finding is consistent with other studies that were done by McClellan *et al.*(1996) which found that the onset of sexual abuse at an early age, particularly between ages 0 and three 3 years, was the strongest predictor of all types of problematic sexual behaviours in a sample of both boys and girls (Elkovitch *et al.,*2009:591).

Even though it is not clear how child gender impacts the development of child sexual behaviour problems following child sexual abuse, literature (Cutler and Nolen-Hoeksema,1991 in Elkovitch *et al.*, 2009:591) suggests that girls are more prone to experiencing internalizing problems than boys. Sexually abused girls may in turn be more likely than boys to exhibit more PTSD symptoms following child sexual

abuse, including sexual anxiety (the feeling that sex is dirty) (Feiring*et al.,* 1998 cited in Elkovitch *et al.*, 2009:591).

Literature on socio-emotional and behaviour outcomes following child sexual abuse has examined the role of another number of child factors, including physiological regulation (De Bellis, Lefter, Trickett, & Putnam, 1994), affect differentiation and regulation (Rieder & Cicchetti, 1989), coping style (Spaccarelli, 1994), attachment style (Toth & Cicchetti, 1996), locus of control, and history of previous trauma and pre-existing psychopathology, such as depressive symptomatology (Toth & Cicchetti, 1996) (as cited in Elkovitch *et al.*, 2009:591).

In a study that was conducted with 100 sexually abused boys and girls, it was found that blame attributions; who the child blames for the abuse, considerably differentiated between three groups of children. Children who demonstrated developmentally expected sexual behaviours tended to blame the perpetrator for the abuse, those exhibiting problematic intrapersonal sexual behaviour primarily blamed themselves, and those demonstrating problematic interpersonal sexual behaviours were primarily more ambivalent (Hall *et al.*, 1998b).

3.7.2 Risk factors in the micro systemassociated with the development of child sexual behaviour problems

Studies that have been done on the risk factors in the micro system have mostly focused on family circumstances and the environment (Elkovitch *et al.,* 2009:592). Family dysfunction may not only increase the likelihood of sexual abuse, but it may also exacerbate the effects of abuse once it has occurred (Alexander, 1992 in Elkovitch *et al.*, 2009:592).

The family environment and social ecology is an important area in assessing all childhood behaviour problems and this includes sexual behaviour problems (TFCSBP, 2006:7). Children's behaviour may reflect the environment in which they grow up and changes in environment often are necessary for continued changes in behaviour. The environmental context of children may be more influential than individual child factors or the child's individual psychological makeup. Therefore, focus on current and future contextual factors should include aspects both inside and outside the home, which encompasses the following (TFCSBP, 2006:7):

- The quality of the caregiver-child relationship and this includes the level of positive engagement the caregiver has with the child

- The ability of the caregiver to monitor and supervise behaviour of the child

- The warmth and support the caregiver shows the child

- The presence of positive or negative role models and peers for the child

- The types of discipline, limits, structure and consequences that are enforced and the level of consistency that is applied when disciplining a child and the child's response thereto

- The emotional, physical and sexual boundary violations in the child's home situation

- The availability of opportunities for inappropriate behaviour

- The level and degree of sexual and/or violent stimulation in the child's past and current environment

- The exposure to and protection from potentially traumatic situations

- The cultural factors of the home and community, these include racial, ethnic, religious and socio-economic factors

- Factors associated with resilience, or strengths and resources that can be developed

Previous studies confirmed that the influence of parenting practices is one of the best predictors of childhood outcome (Cohen and Mannarino, 2000; Everson *et al.,* 1989; Finkelhor and Kendall-Tackett, 1997 cited in Elkovitch *et al.*, 2009:592).

In another study it was found that low maternal support was associated with the display of significantly greater problematic child sexual behaviours (Everson *et al.*, 1989). Children representing with the most severe sexual behavioural problems (those that were interpersonal in nature, planned, and coercive) received significantly less maternal support than those children demonstrating self-focused or developmentally expected sexual behaviours (Hall *et al.,*2002). There is speculation on the possibility that parents who demonstrate strong emotional reactions to the abuse may be able to less effectively parent. On the other hand, sexual behavioural

problems may arise if a child perceives that his/her parent is troubled by the abuse disclosure (Elkovitch *et al.,* 2009:592).

In contrast to these findings it was found that the sexually abused children who did not demonstrate sexual behavioural problems, were more likely than their counterparts exhibiting sexual behavioural problems to come from a more functional family (marked by stability, support, problem-solving,) with more functional caregivers, have a stronger parent–child relationship, and a less sexualized home environment (Hall *et al.,*1998a, 1998b and Hall *et al.,*2002 cited in Elkovitch *et al.*, 2009:592)

Because childhood sexual behavioural problems do not only stem from factors relating to the micro system, the researcher will aim to conceptualize the risk factors relating to the exosystem and the mesosystem.

3.7.3 Risk factors in the exosystem and mesosystemassociated with the development of child sexual behaviour problems

Factors in the exosystem and mesosystem have yet to be examined as possible mediators of child sexual abuse and child sexual behavioural problems (Elkovitch *et al.*, 2009:593). Although these contexts may be less proximal, extensive research indicates that exosystem-level factors, including exposure to community violence and poverty, can serve as enduring vulnerability factors that can both increase risk for abuse (Cicchetti and Lynch, 1993 Jenkins and Cicchetti and Lynch, 1993 and Bell, 1997 in Elkovitch *et al.*, 2009:593). .

3.8 FACTORS BEYOND CHILD SEXUAL ABUSE ASSOCIATED WITH THE DEVELOPMENT OF CHILD SEXUAL BEHAVIOURAL PROBLEMS

Empirical studies that have attempted to understand the factors that go beyond child sexual abuse have typically been approached in one of two ways: either examining samples of children referred for treatment for problematic sexual behaviours, or by examining problematic sexual behaviours in more heterogeneous samples of community children. Regardless of this, the concept of equifinality, highlights the diversity in processes involved in the development of child sexual behaviour problems (Elkovitch *et al.*, 2009:593).

Risk factors in the various ecological domains will be discussed below.

3.8.1 Risk factors at the ontogenic levelassociated with the development of child sexual behaviour problems

Ontogenic factors are child characteristics that alone, or by interacting with environmental circumstances, contribute to the development of child sexual behavioural problems. Ontogenic factors with regard to the development of child sexual behaviour problems include gender, age and biological factors (Elkovitch *et al.*, 2009:593).

3.8.1.1 Gender

Boys are generally more likely to be referred for intervention for sexual behavioural problems than girls (Bonner *et al.*,1999). One notable exception, however, is Silovsky and Niec's (2002) sample of preschool children in which 65% of the children referred for treatment were girls. In contrast to this, other studies found the more low-frequency, problematic sexual behaviours to occur at similar rates for both boys and girls (Friedrichet al., 1991, 1998, 2000; Lindblad et al., 1995 and Schoentjes et al., 1999 in Elkovitch *et al.*, 2009:593).

3.8.1.2 Age

Sexually intrusive behaviours was found to be more prevalent amongst younger versus older children. This trend has also been found when normative sexual behaviours are examined, as well as when problematic sexual behaviours are examined in samples of sexually abused children (Friedrich, Davies, Feher & Wright, 2003).

This inverse relationship suggests that, at least to some degree, sexual behavioural problems are due to immaturity. It is also possible that these frequency figures, all determined via parent report, underestimate the actual incidence of problematic sexual behaviours in older age groups (Friedrich*et al.*, 2003). Older children may exercise more restraint and conceal these behaviours from adult view (Bancroft *et al.*, 2003)

3.8.1.3 Biological factors

Beyond age and gender, not much is known about individual factors contributing to the development of sexual behaviour problems (Elkovitch *et al.*, 2009:593).

A number of longitudinal studies have found low cognitive abilities, specifically those that are verbal, to be predictive of childhood maladjustment and behaviour problems (Moffit, 1993). While not yet examined in the context of child sexual behaviour problems, temperament has been shown to play a role in the etiology and upholding of psychopathology in both children and adults (Rothbart and Bates, 2006; Thomas and Chess, 1977 cited in Elkovitch *et al.*, 2009: 593).

3.8.2 Risk factors in the micro system

As mentioned previously, the micro system refers to the immediate environment, such as the child's family or school. Family environment circumstances have received great empirical attention in studies approached from a perspective consistent with equifinality. These factors include (Elkovitch *et al.*, 2009:593):

- Maltreatment

- Parenting

- Family circumstances

- Family sexuality

3.8.2.1 Maltreatment

Child maltreatment, including and beyond that of sexual abuse, is a significant factor in the development of child sexual behaviour problems (Elkovitch *et al.*, 2009:593). Research indicates that nearly all children referred for treatment for problematic sexual behaviours are victims of some form of maltreatment. Maltreatment includes not only sexual abuse, but also physical abuse, emotional abuse, neglect and exposure to domestic violence and they appear to be common as well (Bonner *et al.,* 1999; Gray*et al.,* 1997; Silovsky and Niec, 2002 in Elkovitch *et al.*, 2009:593).

Exposure to domestic violence has received less empirical attention. At least two studies indicate that domestic violence is common in the families of young children demonstrating problematic sexual behaviours (Silovsky and Niec, 2002). Consistent with research done by the U.S. Department of Health and Human Services (2005), which indicated that there is a substantial overlap in maltreatment types, many children exhibiting sexual behaviour problems, were also exposed to multiple forms of maltreatment. Rutter (1989) in Elkovitch *et al.* (2009:594) agrees with this and they hold that almost all children are capable of coping with low levels of risk until the

accumulation exceeds a developmentally determined threshold, or the risks outweigh the buffer provided by compensatory factors.

Children entering foster care at later ages are significantly more likely to exhibit SBP than their younger counterparts (Tarren-Sweeney, 2008). The extent, to which the severity, age of onset, chronicity and recency of various maltreatment experiences influence the development of problematic sexual behaviours, is unclear (Elkovitch *et al.*, 2009: 594).

3.8.2.2   Stressful familial and life events

There has been limited research on the role of stressful familial events, beyond that of maltreatment, in the development of child sexual behaviour problems (Elkovitch *et al.,* 2009:594). However those that have done research on this topic, indicate that children with sexual behaviour problems are more likely than their normative and psychiatric counterparts to have experienced stressful life events (Friedrichet al., 1991, 1992, 2001). These findings are consistent with the finding that life stress in children is associated with many psychosocial and behavioural problems (Compas, 1987 in Elkovitch *et al.*, 2009:594).   Some children might engage in sexual behaviour problems during times of stress, when depressed or frightened, when angry, or when reminded about past sexual abuse. People may engage in sexual behavioural problems in response to specific environmental triggers, such as when exposed to sexual stimuli or when engaged in rough and tumble play with other children (TFCBP, 2006:9).

3.8.2.3   Parenting

Child sexual behaviour problems are consistently associated with early, age-inappropriate exposure to sexual behaviour or knowledge (Bonner *et al.*, 1999 and Friedrich*et al.*, 1991, 1992, 2003). It was also found that parents who allowed family sexuality, which includes matters related to nudity, opportunities to witness sexual intercourse and look at pornographic magazines/ movies, co-sleeping, and co-bathing, also reported higher levels of sexual behaviour in their children(Friedrich *et al.,*1991, 1992, 2001). This was the case regardless of whether the child had a history of sexual abuse. The modelling of sexuality which includes family sexuality and sexual abuse are important predictors of sexually intrusive behaviours (Friedrich*et al.*, 2003).

3.8.2.4 Family circumstances

Children from impoverished families are at a considerably increased risk for a number of adverse experiences and outcomes, including, for example, maltreatment (Pelton, 1994), aggression (Loeber & Dishion, 1983), and school failure (O'Donnell *et al.,* 1995). It is also the case that poverty is confounded with a number of other familial risk factors, including stressful life events and parenting (Elkovitch *et al.*, 2009:595). However, it will be imperative for future research to examine the role of stress caused by monetary disadvantage, particularly at differing developmental stages. Children at greatest risk for maladaptive outcomes are those who are young at the time of exposure to economic hardship and/or experience severe and chronic hardship (Lynch *et al.*, 1997).

3.9 SELF-NURTURING

Self-nurturing means that: "… children learn to accept those parts of themselves which they hate in order to achieve integration, in other words to accept and nurture themselves (Blom, 2004:173)." Most children blame themselves for trauma that happened to them. Feelings of guilt, shame and blame are thus pushed deeper and deeper. As the child feels stronger, more acquainted with their senses, their body, their intellect and emotions, they learn to express her emotions rather than bury them (Rapoo, 2002:22).

Children are sometimes so diminished that they cannot make choices: "By making a choice, a child is saying who he is (Schoeman, 1996c:180)." When the child is empowered, they should get a feeling of power, knowing that they are in control of making their own choices. Self-nurturing needs to take place in order for the child to maintain this power (Schoeman, 1996c:181).

3.9.1 Self-regulation

Psychologists have long been interested in the relationship between early caregiver warmth and later self-soothing (Blatt 1974; Bowlby 1980; Freud 1923; Kohut 1977). It is only recently, however, that self-soothing capacities have been operationalized and

studied empirically. Neff (2003) developed a scale to assess trait self-compassion, defined as the tendency to be kind and accepting towards oneself at times of failure and distress. Her measure of compassion for oneself, was found to correlate positively with well-being and adaptive functioning, and negatively with depression and anxiety (Neff, 2004; Neff *et al.*, 2007a, b).

Individuals who scored high on this attribute were also found to experience less negative emotion following set-backs (Leary *et al.*, 2007). Lutz, Brefczynski-Lewis, Johnstone & Davidson (2008:4) recently found that compassionate thought, which uses imagery to develop feelings of loving kindness for oneself and others, alters brain circuitry in a way that could enhance long-term mental and physical well-being.

Individuals who experience low moods have been found to show great difficulty generating compassionate self-images (Gilbert & Proctor 2006). This inability to imagine a warm and compassionate part of self has been found to predict low scores on Gilbert, Baldwin, Irons, Baccus & Palmer (2004) trait self-reassurance scale and high scores on trait self-criticism.

In other studies, both of these traits uniquely predicted depression. It is also important to note that low trait self-reassurance mediated the effects of self-criticism on depressive symptoms (Gilbert *et al.*, 2006; Irons *et al.*, 2006). Therefore this literature suggests that improving the ability to self soothe, might be integral to the reduction of self-criticism and depression.

3.9.2 Achieving homeostasis

In its quest for good health, an organism seeks to achieve homeostasis (Rapoo, 2002:16). The researcher will attempt to explain the phenomenon of homeostasis by making use of the Gestalt perspective as an approach. According to Kottman and Scheafer (in Rapoo, 2002:16), in Gestalt, a person is seen as having a natural or organismic tendency to regulate the self. This means that a person strives to maintain a balance between need gratification and tension elimination.

Individuals are constantly faced with needs that have to be met. Once these needs arise the individual experiences discomfort. However, as soon as these needs are

fulfilled, the individual moves into a state of equilibrium (homeostasis). The Gestalt approach comes from the backdrop that people know at some level what is good for them. The organismic self-regulation when left intact, usually leads towards a healthy, balanced and self-actualizing outcome.

In the following section, the researcher will conceptualize the role that adults play in children's lives, as well as the impact of maltreatment on self-nurturing behaviour.

3.9.3 The role of adults

Young children's ability to display caring and nurturing behaviour partly develops from interactions with primary caregivers and from the match between care-giving and the environment (Han & Kemple 2006). The capacity to care stems from physical and psychological care-giving by nurturing others develops into self-nurturing. This gradually supports the ability to nurture others (McNamee & Mercurio 2007).

Literature that highlights and supports secure attachment and positive interaction between young children and their significant adults, serves to build foundations of trust whereby healthy social behaviours such as sharing, helping, comforting, and kindness are acknowledged, valued, and celebrated in early childhood settings (Zeece, 2009: 448).

3.9.4 Sexualized behaviour in the context of self-nurturing

In order to understand sexualised behaviour in the context of self-nurturing, one needs to understand what self-nurturing encompasses. In consulting literature, the researcher found that there were healthy and unhealthy ways of self-nurturing. The researcher also found, in her work as social worker, that children who display sexualised behaviour sometimes use it as a coping mechanism for self-nurturing.

For the purpose of this study, self-nurturing is seen as behaviour that children display to cope with stress, anxiety and feelings of rejection (Schoeman, 1996b:181). Masturbation in children who have been traumatised seems to be a regulating mechanism to canalise negative emotions. In other studies it was found that infants masturbated when they were angry, anxious or bored. Self-stimulation is also found in children with a severe lack of external stimulation, such as children in orphanages (Mallants & Casteels, 2003:111 - 117). Family stress and the lack of affection fostered

this type of acting-out behaviour. Studies have also shown that food, drug abuse and sexual interests share a common pathway within our brain's survival and reward systems. This pathway leads to the area of the brain responsible for our higher thinking, rational thought and judgement (Herkov, 2006).

3.9.5 Abuse and self-nurturing

Irrespective of the differing patterns of predictive value, physical abuse was consistently associated with increased odds of exhibiting sexualized behaviours (Merrick *et al.*, 2008:129). One hypothesis for the predictive utility of physical abuse reports (possibly any nonsexual abuse maltreatment type) is that such experiences may increase child anxiety and emotional deregulation, resulting in various self-soothing behaviours, including sexualized behaviours. Sexualized behaviours may represent an effort to gain physical closeness and intimacy. Exhibiting sexualized behaviours in this sense may be somewhat adaptive for children, helping them to cope with trauma (Gilgun, 2006).

It has also been found that sexualized behaviours that are aggressive in nature or that include others are considered maladaptive. Furthermore, maltreatment is often a marker of family characteristics related to increased exposure to sexuality (family nudity, poor boundaries and family chaos), and a marker of less effective socialization of children regarding a number of societal rules (Friedrich, 1997). As has been already discussed, the display of sexualized behaviours may represent because of the presence of undetected sexual abuse in these high-risk samples (Wherry *et al.*, 1995). Emotional abuse was also predictive of sexualized behaviours in the current study, but had a more complicated pattern of prediction that was not hypothesized.

Reports of emotional abuse were consistently related to more sexualized behaviours for the full sample and for each gender. It has also been found that early reports of emotional abuse were in almost every case predictive of fewer sexualized behaviours. It means that fewer sexualized behaviours were reported amongst children with early emotional abuse reports. Early and late experiences of emotional abuse appear to have qualitatively distinct effects on children. This could be the case that early emotional abuse leads to an inhibition of problem behaviours initially, perhaps because of a fear of criticism or because of strict and rigid discipline. However, later

emotional abuse may be more likely to be internalized because of increased comprehension with age. Thus, it could be the case that later emotional abuse leads to various self-soothing behaviours (Merrick *et al.*, 2009:130).

As for many maltreated children, sometimes these self-soothing behaviours are not normative and are instead manifested as maladaptive behaviours, such as certain sexualized behaviours. In this regard, sexualized behaviouris likely a marker for affective dysregulation, providing temporary relief from the subjective distress of dysregulation itself (Gilgun, 2006). Many maltreated children exhibit disturbances in emotional regulation and development. This could be because children who engage in many of the atypical sexualized behaviours are doing so because they lack more normative mechanisms of affect regulation (Merrick et al., 2008:130).

3.10   CONCLUSION

Sexual behavioural problems do not represent a medical/psychological syndrome or a specific diagnosable disorder, but rather a set of behaviours that fall well outside acceptable societal limits.

There are strong debates that take place regarding the role of attachment in the treatment of children who come from chaotic backgrounds and who have lacked the stability and predictability that help them develop the appropriate skills to regulate their affects. They also lack the ability to understand and maintain healthy and safe relationships; develop a solid sense of self and behavioural control mechanisms (Friedrich and Norton, 2007).

Sexual behaviour problems in children and adolescents have particular risk factors, making it more likely that one will develop sexual behavioural problems, one being a history of chaotic homes and the lack of a child's needs being met.

In this chapter, the theoretical foundations for the study were provided. The basic concepts of middle childhood, as well as the relationship between sexualized behaviours and self-nurturing were outlined. Having a concrete theoretical basis for the study, the empirical study could now be undertaken.

Professionals who have the task of supporting the above children with the many losses they experience, need to understand the possible function of sexualised behaviour for children.

CHAPTER 4

THE EMPIRICAL PROCESS

4.1 INTRODUCTION

This study explores the perceptions of social workers regarding the relationship between sexualized behaviour and self-nurturing amongst children in middle childhood. In Chapter 1, the researcher outlined the proposed blueprint according to which the intended study was planned. This chapter will focus on the presentation and the analysis of the data obtained from the investigation.

In Chapters 2 and 3, the researcher did a literature review in order to provide a theoretical base of knowledge on middle childhood as a developmental phase as well as the relationship between sexualized behaviour and self-nurturing with the purpose of building on existing and available literature. The researcher discussed middle childhood as developmental phase in order to understand how children in this phase experience their world as well as their development in various dimensions.

Further, the researcher focused on the various understandings of a child's sexualised behaviour as 'healthy' or 'unhealthy' and as a function of self-nurturing, need to be clearly distinguished in order for effective intervention to take place. This formed a significant knowledge base for the empirical research in this study.

In this chapter, the researcher attempts to provide an accurate account of the empirical process as outlined in Chapter 1. These findings are therefore presented in narrative form.

4.2 GOALS AND OBJECTIVES OF THE RESEARCH

4.2.1 GOAL OF THE STUDY

For the purpose of this study the researcher used applied research as a type of research, as the goal was to address the phenomenon of sexualised behaviour and the way it relates with self-nurturing amongstst children in middle childhood.

Therefore, the goal of the research was to explore the perceptions of social workers regarding the relationship between sexualised behaviour and self-nurturing amongst children in middle childhood. The researcher therefore attempted to broaden the understanding of the phenomenon being studied and identify gaps in the specific population by doing in-depth interviews with social workers in children's homes.

4.2.2 OBJECTIVES OF THE STUDY

The following where the objectives which guided the researcher in the empirical study:

- To do an in-depth literature study on the possible relationship between sexualised behaviour and self-nurturing behaviour as phenomena.

- To explore the perceptions of social workers who work with children in middle childhood and who display sexualised behaviour.

- Based on findings, formulate conclusions and recommendations regarding the ways in which social workers can deliver a more effective and professional service to children who display sexualised behaviour.

4.3 THE RESEARCH QUESTION

The qualitative research study was explorative in nature. According to Bless and Higson-Smith (1995:114), exploratory research is based upon an exploratory study in order to formulate a hypothesis.

For the purpose of the research that was conducted, a research question was more appropriate because it aimed to gain insight into the situation, phenomenon, community or individual (Bless and Higson-Smith, 1995: 114).

Delport and Strydom (2005:321) state that the research question should be related to the goal, objectives and hypotheses of the investigation.The research question deemed relevant as the study was qualitative and exploratory in nature. The following research question guided the objectives of the study: "What are the perceptions of social workers regarding the relationship between sexualised behaviour and self-nurturing amongst children in middle childhood?"

4.4 RESEARCH METHODOLGY

For the purpose of this study the researcher utilized a qualitative research approach as this approach focuses on understanding phenomena by using naturalistic observation in order to understand the subjective perspective of the subject's inside world. The most appropriate type of research to be used in this study was applied research as the aim was to explore the perceptions of social workers regarding the possible relationship between sexualized behaviour and self-nurturing.

The data-collection was done through semi-structured one-to-one interviews as indicated in Chapter 1. Through the process of data-collection and analysis, the researcher was able to identify themes as well as recurring ideas and patterns.

The researcher identified the following themes which form part of the interview schedule:

- Theoretical understanding of the concept 'child sexual abuse'.

- Sexualized behaviour as a phenomenon and understanding the dynamics thereof.

- Perceptions regarding self-nurturing in relation to sexualized behaviours.

- A better understanding of middle childhood as developmental phase with reference to sexualized behaviours and self-nurturing.

- Views of social workers with regard to intervention with children in middle childhood experiencing unhealthy sexualized behaviours.

4.5 THE STUDY SAMPLE

The population of this study was described in Chapter 1, as social workers in a specific children's home who are working with children in middle childhood (6-12 years) and who display sexualised behaviour.

During this study the researcher made use of non-probability sampling, and more specifically, purposive sampling as a sampling method in order to obtain the required data.

The researcher conducted in-depth interviews with social workers from the three children's homes mentioned in Chapter 1. A total number of eight social workers were interviewed from these children's homes.

4.6 EMPIRICAL DATA COLLECTION, ANALYSIS AND MANAGING DATA

For the purpose of the study, the researcher used semi-structured interviews. According to Greeff (2005:296), semi-structured interviews are used in order to gain a detailed picture of participants' beliefs or perceptions about, or accounts of, a particular topic. Because the researcher made use of semi-structured interviews, the researcher had a set of predetermined questions in an interview schedule.

At the commencement of the interview, the researcher introduced herself to the participants and discussed the topic that was being studied. The researcher informed each participant during the discussion process about the themes of the research. The interview schedule was used to guide the researcher through the series of themes that where discussed without dictating the interview. The participants were subjective and enthusiastic about narrating their perceptions about the relationship between sexualized behavior and self-nurturing amongst children in middle childhood.

The researcher was granted permission by all the participants to record the interview sessions for accuracy purposes. After each interview the researcher classified and interpreted the data. Addendum A contains the interview schedule that was used to conduct the study, Addendum B contains the informed assent and declaration of participation.

According to Bless and Higson-Smith (2005:137), after data collection and checking has been completed, the researcher should begin the process of analysing the data. The analysis was conducted in order for the researcher to detect consistent patterns within the data, such as the consistent covariance of two or more variables. Managing the data was another step of the process that had to be completed.

The researcher had to label and save the files properly of each interview sessions, in order to retrieve it. The transcribed interviews were studied thoroughly and the researcher gained more insight from the participants regarding the possible relationship between sexualized behaviour and self-nurturing amongst children in the middle childhood phase.

4.7 INTRODUCTION OF PARTICIPANTS

Eight participants signed consent forms and were interviewed in this study, by using a semi-structured, one-to-one interview schedule. Eight social workers were interviewed from three different Children's homes. The three selected organizations all work with children in middle childhood on a day to day basis. These participants all do individual therapy, groupwork therapy with these children as well as community work projects in order to empower them.

4.7.1 Participant one

The first participant works for a children's home in Pretoria. The children who are placed in the children's home are all children in need of care. The participant is responsible for five houses in the children's home, each home consists of children aged 7 to 12. The boys and the girls are not placed in the same houses. All the houses can accommodate thirteen children. The participant has been working for the organization for the past two and a half years.

4.7.2 Participant two

The second participant is also a social worker and works for a Children's home. Like her colleague, she is also responsible for the children of five of the houses, which includes the only toddler house in the children's home. The participant has been working for the organization for the past six years.

4.7.3 Participant three

The third participant was a social worker from another Children'shome. The social worker at this care facility is responsible for four houses, each with twelve children,

boys and girls independently. The social worker has been working for the children's home for the past eleven years.

4.7.4 Participant four

The fourth participant was also a social worker. She is also responsible for children from four houses aged 7 to 18 and she was employed by the home a year ago.

4.7.5 Participant five

The fifth participant was a social worker from a children's home. She also carries the responsibility of five houses, with thirteen children each aged 7 to 18, who have been found in need of care. She has been working for the children's home for the past five years.

4.7.6 Participant six

The sixth participant was a social worker from a children's home. The participant has been working at the children's home for just more than a year. She also has the same responsibilities as the previously mentioned social workers.

4.7.7 Participant seven

The seventh participant was a social worker from another children's home. She has been employed at the children's home for approximately one year. The social worker is involved with the children through individual therapy, group therapy and community work.

4.7.8 Participant eight

The eighth participant was also a social worker. The participant has been working at the children's home for three years. The participant is also involved on individual, group and community work level.

4.8 DESCRIBING, CLASSIFYING AND INTERPRETING DATA ACCORDING   TO THEMES

The researcher interviewed eight participants. All eight participants were interviewed in their working environment. After the interview was conducted, the researcher

interpreted and classified the data according to the interview schedule. Seven of the interviews were conducted in Afrikaans and one was conducted in English. Thus all the participants were interviewed in their mother language.

The five themes form part of the semi-structured interview schedule that guided the researcher in the empirical research process. The researcher derived the themes from relevant literature as well as interviews with the eight social work participants. The content of the latter will be discussed in the following section.

4.8.1 THEME ONE

Theoretical understanding of the phenomenon of child sexual abuse

As stated in Chapter 1, the research study focuses on the possible relationship between sexualized behaviour and self-nurturing amongst children in middle childhood. In order to understand the phenomenon and what it entails, one needs to understand the various aspects that relates thereto. It is therefore imperative to understand the phenomenon of child sexual abuse as one of the contributing factors to childhood sexualized behaviours.

The following sub-themes emerged from the above theme:

- The effects of sexual abuse on children.

- The progression of child sexual abuse.

- Factors that influence the degree of trauma a sexually abused child experiences.

- The needs of children who have been victims of child sexual abuse.

4.8.1.1 The effect of sexual abuse on children

Five of the eight participants stated that children who have been a victim of childhood sexual abuse are affected in all areas of life, not only emotionally and physically. They mention that children are affected on a spiritual, emotional and social level. The effects are also seen in relationships, confusion about sexuality as well as their relationships

with their peers. Participant five stated the following:"It really has this holistic impact on the child."

The National Adoption Information Clearinghouse (2005:1) supports this statement: "The impact of child abuse and neglect is often discussed in terms of physical, psychological, behavioural, and societal consequences."Two of the eight participants mentioned that these children are pressured into another developmental phase that they are not yet ready to articulate.

Fouché and Yssel (2006:241) articulated the following:"Children who are sexually abused undergo marked interruptions in their development and their views of the world. This can result in significant emotional and behavioural changes indicative of the attempts to cope with these events. Participant one and three stated that these children's boundaries are diffused and participant four mentioned that children's feelings of security are taken away. Five of the eight participants concurred that all children react different to sexual abuse. Participant six articulated the following: "It really depends from child to child."

These statements are supported by the NAIS (2008:2):"Given similar conditions, some children experience long-term consequences of abuse and neglect while others emerge relatively unscathed."It became clear to the researcher that sexual abuse on children in middle childhood can impact the child at various levels of development. It also became evident that the effect of sexual abuse differs from child to child because of individual characteristics and inputs from the environment. Thomlison (1997) agrees and says the following:

> "A number of protective factors may contribute to an abused or neglected child's resilience. These include individual characteristics, such as optimism, self-esteem, intelligence, creativity, humour, and independence. Protective factors can also include the family or social environment, (the child's access to social support), community well-being, including neighbourhood stability and access to health care."

4.8.1.2   The progression of child sexual abuse

There is usually a progression when children are victims of sexual abuse. The abuse can take place over a short or even lengthy period of time. The function of the abuse differs from interfamilial abuse and extra familial abuse (Spies, 2007:47). Crosson-Tower (2005:126-127) states that not every case of sexual abuse progresses in the same manner.

- All eight participants agree that the progression of sexual abuse can differ from situation to situation as well as the meaning the perpetrator attaches to the abuse. They indicated that in some cases the children can be groomed through a well-planned process, mostly in a case of interfamilial abuse. They also stated that there are cases in which children are not part of this grooming process. Participant one communicated the following:"You know, some individuals will see a child twice and then do it, some will see a child once and do it. Some will go through a 'grooming' process."Adding to this, participant three stated the following: "One almost indicated that the boundaries differ between populations groups   and that makes it easier, the entry is different amongst various   population groups."

  Participant four mentioned that there is always a different variable involved, like the 'how' and the 'who'. Van Wyk (2010:25) supports these finding:

    "Statistics found 40% of the people responsible for abuse
    was a family member, in 50% of the cases the perpetrator
    was a friend of the family, in 40% of the cases the
    perpetrator was an older child which is known by the child
    and only in 10% were reported to be strangers. In 98% of
    the cases the perpetrator was identified as being male."

- Participant one concurred that the type of values and morals that are communicated by parents to their children that also has an influence on the progression of sexual abuse. The participant stated that the progression also depends on the individual and how familiar they are to this process. The participant stated the following in this regard:"It is all about a value." "... there is no more respect for this kind of thing."

Participant five and four also agrees by stating that sexualized behaviour has become more acceptable than in the past and that it is happening more and more in schools. In contrast to this, participant six indicated that there is more awareness amongst children about sexual abuse. They are more empowered to disclose the abuse to, for example. a friend or a teacher. The participant articulated the following:"... children are more empowered, so if something were to happen to you, then you should talk about it ..." It is evident that there are differing views and this might cause confusion in the field.

- Participant two articulated that the people responsible for the abuse influence one another. "They talk to each other and discuss porn and all these kind of things." The participant therefore indicated that there is a process involved (it differs from situation to situation) and that it is an active decision that these individuals take to abuse these children. Participant four agrees with this in stating the following: "If you are going to talk about a paedophile, a person who goes and thinks it out, and really masterminds this whole game, with the kid ..."

Interpol (2003:1) and Doyle (1994:32 – 34) agrees with this: "A considerable number of sex offenders may spend a significant period of their lifetime infiltrating organizations or seeking opportunities to work with children."

- Participant five stated that she felt that, hypothetically, there might be differences in how abuse takes place in different cultures. She felt that abuse in some black cultures might, in some cases, be more related to once-off incidences, where the perpetrator is not always known to the child. She felt that some of the reasons for this might be because children are home alone more often (parents have to work), and because there is the belief that children must respect elders, they are not allowed to stand up for themselves.

She also indicated that in the white culture, children are groomed more often and the process takes longer. She also indicated that children in white cultures can also be influenced by the same belief of 'respect your elders'. There are also different boundaries in different cultures, which one should take into account. Participant four agrees with this view and states that economic status also has an impact:

> "I was in flats, where a flat would be rented out to about twelve to thirteen different families, where you would have a lounge/dining room area of probably about ten metres by five metres, divided up with little curtains .... and a whole family would sleep on that one mattress. Those children would be exposed to sexual activity right around them."

She also indicated that what we see as abuse might not be seen as abuse by the child, so one must be very careful when inflicting one's own views on these children. Friedrich and Norton (2007) support this statement:

> "Due to the histories of the 'culture' around sex and sexuality, a family brings to the existence and more importantly, maintenance of sexual behaviour problems. Targeting families is a key part to improving targeted behaviour."

The family environment and social ecology is an important area in assessing all childhood behavioural problems and this includes sexual behavioural problems too (TFCSBP, 2006: 7). Children's behaviour may reflect the environment in which they grow up and changes in environment often are necessary for continued changes in behaviour. The environmental context of children may be more influential than individual child factors or the child's individual psychological makeup (TFCSBP, 2006: 7).

- Participant three indicated that almost all children are exposed in this regard. Either through pornography, an uncle who touched where he shouldn't have, children who molest children, parents who do not realize what the impact of what they are discussing is having on their children and what the television is portraying.

- According to participant five not all perpetrators have been victims of sexual abuse themselves. She indicated that about 90% have been victims themselves as children. She indicated that for example in the children's home where she is currently working, children act according to learnt behaviour and what they hear from other children who are displaying sexualized behaviour. At the other end of the spectrum she also confirmed that all children (for example

in the children's home) have been exposed to some form of sexual abuse by the time they come to the children's home. In this regard Friedrich (2007) argues the following:

> "It is not clear whether the low incidence of substantiated sexual abuse is a product of the general difficulty substantiating sexual abuse in young children or is an accurate reflection of the abuse rate. Whatever the case, the fact that sexual abuse is not an experience always found in the histories of children with sexual behaviour problems cannot be ignored."

The researcher can conclude the following with regard to the progression of child sexual abuse: Most participants agreed that the function and meaning the perpetrator attached to the abuse, will determine the process.

There was a general consensus that this process is an active one. Changing morals and values and societies was also seen as having an impact on the progression of the abuse. In contrast to this, it was also stated that there is more awareness and this has the opposite effect. Cultural differences and the experience the child attaches to the sexual abseneed to be taken into consideration.

More than half the participants mentioned that children had to be exposed to some form of sexual abuse in order for them to display sexualized behaviour problems.In contrast to this, Friedrich (2007) states that abuse is not always an experience that can be related to children displaying sexual behavioural problems.

4.8.1.3 Factors influencing the degree of trauma a sexually abused child experiences

According to the National Adoption Information Clearinghouse (2008:2), not all abused and neglected children will experience long-term consequences because of sexual abuse. Outcomes of individual cases vary extensively and are affected by various factors. These factors include:

- The child's age and developmental status when the abuse or neglect occurred.

- The type of abuse (physical abuse, neglect, sexual abuse, etc.).

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- Frequency, duration, and severity of abuse.

- Relationship between the victim and his or her abuser (Chalk, Gibbons, & Scarupa, 2002 in NAIC, 2008:2).

The traumatic effects of sexual abuse can be described in terms of four specific responses to trauma: Intrusion, avoidance, tension, arousal and fearfulness as well as post-traumatic state (Bentovin, Bentovin, Vizard and Wiseman, 1995: 247 – 248).

- Participants one, two, three, four, five and eight agree that a child's personality plays a role in the degree of trauma the child experiences when exposed to sexual abuse. Participant three stated that the impact on the more sensitive child might be more severe than the impact on a child that is less sensitive. According to participant one the child's self-worth also has an impact on how the child copes with the abuse.

- Participants one, two, four and eight stated that the degree of trauma is also influenced by the intensity of the abuse. When aggression and alcohol was involved during the abuse, the children are more likely to act out sexualized behaviour.

- According to participants one, three and four another determining factor for the trauma the child experiences, is related to how people react to the disclosure of the abuse as well as the support that the child receives after the disclosure. Participant four mentioned the following case which she had read about:

> "I read of a case where the uncle abused the five year old
> and when the mother found the five year old in the bed with
> the uncle, the mother grabbed the five-year old, gave her a
> hiding and sent her off to bed."

There is speculation on the possibility that parents who demonstrate strong emotional reactions to the abuse may be able to less effectively parent. On the other hand, sexual behaviour problems may arise if a child perceives that his/her parent is troubled by the abuse disclosure (Elkovitch *et al*., 2009:592).Participant three also stated that where parents are emotionally absent, the impact of sexual abuse might be more severe in a case.

- Participant's one, two and four stated that the duration of the abuse is also another factor that should be taken into account. The longer the abuse has been taking place, the more likely it will be that the trauma the child will experience will be more intense in nature. The NAIC (2008:2) agrees with this statement: "Not all abused and neglected children will experience the same long-term intensity. Outcomes of individual cases vary extensively and are affected by various factors." "Frequency, duration, and severity of abuse."

- Participants one, two, four, five, six and seven agree that the degree of trauma the child experiences should be measured by the meaning the child attaches to the sexual abuse in other words, how they experienced it. All of them indicated that social workers should not make their own assumptions. Participant seven stated that sometimes children cope better with the abuse when it was a family member close to them, like a father or mother who was responsible for the abuse. The participant stated the following: "Um, strange enough we see that if it is grooming that takes place within the family structure, it is as if the children accept it more readily."

  In contrast to this, participant eight stated that because these children are abused by relatives who are closer to them, the effects are most of the time worse, because these children find it difficult to trust others as well as experience problems in interpersonal relationships later in life.

- Age was also seen as determining factor for the degree of trauma a child experiences by participant six and eight. This statement is supported by literature by the NAIC (2008:2) when considering the factors that has an influence of the degree of trauma a child experiences: "The child's age and developmental status when the abuse or neglect occurred."

The researcher agrees with these findings which are supported by the NAIC (2008:2) who state that not all abused and neglected children will experience long-term consequences. Outcomes of individual cases vary extensively and are affected by various factors. These factors include: The child's age and developmental status when the abuse or neglect occurred, the type of abuse (physical abuse, neglect, sexual abuse, etc.), frequency, duration, and severity of abuse, relationship between the victim and his or her abuser (Chalk, Gibbons, & Scarupa, 2002in NAIC, 2008:2). Most

of the participants identified the same factors as having an influence on the degree of trauma a sexually abused child experiences.

4.8.1.4   The needs of children who have been victims of child sexual abuse

According to Spies (2006: 52–58) the impact of sexual abuse can be; loss, powerlessness, anger, hostility, low self-esteem, guilt, shame, avoidance of intimacy, pseudo-maturity or developmental regression, inappropriate sexual behaviour, self-destructive behaviour (and dissociation) as well as stealing and lying. These are needs that have to be addressed in order for a child to heal from the abuse again.

- Participant one, three, four and seven articulated that the child should be assured that the abuse was not their fault. Literature by Rapoo (2002:22) supports these statements:"Most children blame themselves for trauma that happened to them. Feelings of guilt, shame and blame are thus pushed deeper and deeper."

  They stated that feelings of guilt are evident in children who were sexually abused. According to participant one another important need of these children, is the need to feel that people believe in them. The participant indicated that children must be believed at all times and given the recognition that they are not liars.

  On the other hand, participant three indicated that teenagers especially, need to be informed verbally that their needs are being recognised. In middle childhood the recognition is given through actions and a caring bond and with small children it is given through structure. Participant four indicated that it is important for children to hear that what happened to them was unacceptable.

- All the participants except for participants six and eight stated that love and acceptance are needs that need to be addressed in order for the child to heal from the sexual abuse. Participant one mentioned that a child should be educated about, 'what is love', 'what is sex' and that 'sex and love are not the same thing', 'what does trust in other people mean', and 'what does it mean to have a healthy relationship'.

Participant four added by saying that children need to be guided on how to have meaningful relationships. Participant one articulated that one needs to talk to the children, be with them and try and make the situation as easy as possible for the child. The need to feel secure as a child was communicated by six (out of the eight participants to be an important need. The researcher can conclude that the need for structure, predictability, routine, stability, healthy boundaries and gaining of personal control can be seen as part as forming a safe environment for the child. "The greatest source of danger and unpredictability is the absence of a caregiver who reliably and responsively protects and nurtures the child (Cook, et al., 2010:4)."

- According to participant six the needs of the child should be taken into consideration as she stated the following: "The child should be seen in his/her totality."

The need to address the trauma might not be of primary interest to the child, but more to have contact with their parents. Participant six also works from a developmental stance, and will only recommend therapeutic intervention when needed. The participant explains the developmental stance as follows:

> "We go from the stance that we work more developmental,
> in groups, not necessarily therapeutically; because each
> child comes from a different background...we would for
> example take a group to go biking. You know, in that way
> they get to develop new capabilities."

In contrast to this, participant seven articulated that the trauma that the child has been through needs to be addressed first in a therapeutic relationship in order for change to take place. The participant stated that the child must first feel safe in the therapeutic relationship, otherwise intervention will be unsuccessful. The aim is to treat these children the same as other children, they are already labelled and they do not need to be treated differently (house rules etc.). Participant eight agreed with this statement: "Our priority is to help these children get settled and make them feel safe. Depending on the child, they will not talk if they do not feel safe."

The researcher found the following needs were identified as being important for children: the need to be believed when disclosing abuse, the need to feel that they are not at fault, the need to feel accepted, loved as well as the need for security and predictability. Lastly, children who are victims of sexual abuse need to be seen in their totality and their primary needs should be of primary importance.

4.8.2 THEME TWO

Sexualized behaviour

The following sub-themes emerged from theme two:

4.8.2.1 What is sexualized behaviour

The research study focuses on the possible relationship between sexualized behaviour and self-nurturing amongst children in middle childhood. In the following section the primary focus will be put on sexualized behaviour.

> "Sexual behaviour problems do not represent a medical/psychological syndrome or a specific diagnosable disorder, but rather a set of behaviours that fall well outside acceptable societal limits. Children aged 12 and younger who initiate behaviours involving sexual body parts (i.e., genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others (Task Force, 2006)."

- All the participants agreed that sexualized behaviours involve a set of behaviours that fall outside acceptable societal limits. Participant one and four stated that sexual play is an important part of childhood development, but where it is out of context and force was used, then it becomes a developmentally unhealthy act. Participant four articulated that where kissing, touching, holding hands and cuddling often escalates to sexual play, when children undress themselves and touch each other, a personal boundary was being crossed. She also mentioned the following: "I think any behaviour with an

undertone of sex, with a sexual motive, is sexualized behaviour, it's just, life revolves around that. There is nothing else."

- Participant one indicated that one should look at the frequency of the behaviour, why it is taking place and what is the nature of it. One also needs to explore the type of exposure the child might have had in order to make the differentiation between appropriate and unhealthy behaviour. In this regard, participant two stated that in her study with children in a primary school, only four out of the fifty children that she had interviewed, had not been exposed to pornography.

- Participant three concurred that when another child is involved, either a toddler, a child in middle childhood, or a teenager, then it becomes unhealthy. She used the following example: "We had a girl here at a stage that always wanted to moisturize the younger children. It almost became like a ritual for her."

Participant two agreed with this in stating that in the children's home where she works, she has found that children who display sexualized behaviour will do it where other children can see it, like masturbating or through the use of a teddy bear.

- When asked about the sexualized behaviour of children, who have been victims of sexual abuse, and children who have not been victims (but lack support, love and structure), participant two felt that both can have an impact. She felt very strong about the exposure children have to pornography, and it may have a negative effect on their behaviour.

- Participant three stated that the difference between boys and girls with regards to sexualized behaviour can sometimes be picked up where the boys are disrespectful towards 'female' figures. The participant had not come across a lot of boys who had been victims of sexual abuse, but, the behaviour that they most likely displayed was a 'cool', 'resistant' and 'don't come close to me' kind of attitude. They would also revert to other coping mechanisms like cutting themselves.

With girls, on the other hand, they displayed more sexualized and promisques behaviour. They would be more likely to jump from one relationship to the other, wear inappropriate clothing and some of them would be interested in older

men. They would say things like:"Meet me behind the hall and I will help you out."

Participant three also stated that these girls would have an attitude of passivity and dependence, and they often indicated that they need a boyfriend otherwise they will not cope. It was also stated that this can differ from one girl to the next. Participant seven had found sexual abuse very prevalent amongst the boys that she had seen in the children's home. She stated that you find boys who have been sodomized don't want hugs from any women, they would rather go to the head of the children's home for support (who is male). Instead of shaking his hand, they would rather ask a hug from him. Some of them would display childlike aggression and would not be able to stand behind another boy in a row, as they would get an erection. Participant seven also mentioned scenarios where children (especially the younger ones), would urinate on their teddy bears in order to 'mark' them. This act will not be aggressive and it seems to have a function of making something 'belong to you'.

- Participant one articulated that one should be careful when judging the relationships between children as being unhealthy without having a clear understanding of healthy childhood development. Participant three agrees with this and stated that one should be careful not to create an issue where there is none.

  The use of foul language and clothing should always be taken into consideration. Lastly, the focus the child puts on the availability of his/her body. Participant seven agreed with the above statements but indicated that where the child displaying unhealthy sexualized behaviour had to be addressed several times and there is no change, then you might be dealing with a sexualized behavioural problem.

The following can be concluded when referring to sexual behaviour problems: sexual play can be seen as a normal part of childhood development, but the context, nature and frequency of the behaviour should be taken into account. When the frequency becomes too much, when it is placed out of context and the nature is unhealthy then the sexualized behaviour can be seen as a unhealthy self-nurturing technique.

The exposure the child has had, for example to pornography, should be taken into consideration. It was also mentioned that there are differences between boys and girls when displaying unhealthy sexualized behaviours. Lastly, it was stated that when addressing the issue of inappropriate behaviour, and change does not occur, the behaviour may be problematic.

4.8.2.2 The prevalence of sexualized behaviour amongst children in middle childhood

Although some features are common, virtually no characteristic is universal and there is no profile or constellation of factors characterizing these children. Children with sexual behavioural problems consistently demonstrate a number of problems related to adjustment and overall development (Elkovitch *et al.*, 2009:586).

- Participant fourstated that she thinks the prevalence of sexualized behaviour amongst children in middle childhood is higher than we think. She indicated that the exposure of children to sexual related issues is much more than when she was a child. Cell phones, Facebook, and twitter were non-existent. "Your kid might not be a kid that is susceptible to it but the other kids at school are exposed to it and your kid is going to be exposed to it at a lot younger age."

Participant five agreed with this and also mentioned that Mxit and pornographic sites have an influence on these children as they are at a stage where they are eager to learn new things."It is difficult to protect kids against these things."

Participant six commented that she experienced that there are 'waves' that go through the children's home (waves referring to children displaying sexualized behaviour). One day you will sit with a few toddlers displaying this kind of behaviour and the next week you will be dealing with teenagers displaying sexualized behaviour. Adding on to this, participant seven stated that one should be careful not to forget the impact the school and other learners have on children with regards to sexualized behaviour. In accordance with participant five, she also indicated that children are exposed at various levels and places. Participant eight agreed with these statements by stating that children are easily exposed to books, DVD's and movies that are age restricted. Teenage pregnancies revealed such high numbers because of the lack of boundaries and inappropriate exposure children have to sexual related behaviour.

- Participant one articulated that in her view, all children that have been placed in the children's home have been affected by some form of sexual abuse (either indirectly or directly). It just depends on the child and the context in which the child is handled in the children's home where she is working. She questioned that one should always question whether the child in front of you hasn't already been exposed to sexual abuse or has viewed inappropriate sexual behaviour. Participant two agreed with this and stated the following: "These children do not display sexualized behaviour unless they have been exposed and then we see the behaviour."

  Participant two indicated that sexualized behaviour is prevalent in this age group (with reference to children in children's homes), but that there had to be some kind of exposure to sexual related issues. Participant three concurred that there are no real guidelines for this kind of behaviour. According to participant three, they regularly find that children at this age will show each other their genitals and will then masturbate together. When addressing sexualized behaviour with children at this age, she indicated that one should be careful not to impose guilt on the child.

- Participant three mentioned that this kind of behaviour is very difficult to address as we are confronted with different generations, all with different perceptions on the subject. In participant three's view, some believe it is acceptable and it's the way that God made us, others believe that anything goes. Then you also get people who believe that if you just ignore the issue it will go away and lastly, you find a generation where people believe that you will get punished for it. Participant four agreed with this and said the following: "Or the parents are ambivalent to what is happening."

- Participant five and eight agree with each other that the prevalence of children who display sexualized behaviour is higher in a children's home than it is elsewhere as children come from difficult backgrounds and are put together. Participant six agreedwith this statement and mentioned that even though the prevalence might be higher, the behaviour can be picked up quickly because these children are in a protective environment. The participant stated the following:"You are also dealing with children in middle childhood who are going

through puberty, and with that come experimentation and the fact that these children are all put in houses together."

Participant seven mentioned that from what she has experienced, younger children do not form groups like the teenagers, but the child in middle childhood who has already been sexualized, will make friends with other children their age who have either been molested or raped. The function of these friendships are that these children can have the 'touching and fondling' part, without getting hurt and it therefore serves as a comforting experience since they are already 'sexualized'.

The researcher agrees with the participants as it might be more likely that those children, who are placedin youth care centres, are all children in need of care and might have been exposed to some form of abuse.

This can be confirmed by the Johnson (1988, 1989) and Friedrich (1988) in the TFCSBP (2006: 4) who state the following: "Children who have been sexually abused do engage in a higher frequency of sexual behaviours than children who have not been sexually abused. Sexual abuse histories have been found in high percentages of children with sexual behaviour problems." The following was also argued by Bonner, Walker, & Berliner (1999), Silovsky and Niec (2002): "During the last decade of research it has been found that many children with broadly defined sexual behaviour problems have no known history of sexual abuse."Friedrich, Davies, Feher and Wright (2003) cited in TFCSBP(2006: 4)add to this by stating:"Contributing factors may include sexual abuse and also physical abuse, neglect, substandard parenting practices, exposure to sexually explicit media, living in a highly sexualized environment, and exposure to family violence."

It became clear that there are conflicting views with reference to sexualized behaviour and what the main contributing factor is. As stated in the above literature, sexual abuse did not have to occur in order for children to revert to display sexualized behavioural problems. Other types of abuse were also seen as contributing factors. This view differs from the participants, who articulated that there had to be some form of sexual abuse or exposure, in order for a child to display problematic sexualized behaviour.

- Participant seven mentioned that in her experience, some of the acting-out or behavioural problems that have been linked with sexualized behaviour, is aggression with boys, and 'cutting' with girls. Cutting is more prevalent amongst the teenagers, but there are children in middle childhood who use cutting as a coping mechanism. The participant also indicated that technology, like Mxit and Facebook as well as seeing the older children do it, has a lot to do with what these children are displaying at this young age. In other words, it might not always be trauma related, but rather following an example. Spies (2012) added to this by stating the following: "The behaviour should still have a function."

It can be concluded that there was a general feeling amongst the participants that there is an increase in sexualized behaviour amongst children in middle childhood and that the prevalence might be higher than was previously thought. Some of the aspects that were mentioned that might have an impact on this increase can be advances in technology, exposure to sexual related issues and lastly, the differing perceptions amongst generations. In contrast to this, the above literature states that sexual abuse does not always need to be present in order for sexualized behaviour to take place.

4.8.2.3 Social workers' perception of sexualized behaviour amongst children

The researcher found it imperative to understand the differing views of the social workers in order to gain a better understanding of the confusion that might come to the fore. In stating this, the researcher deemed it important to understand what social workers view as the main factor contributing to sexualized behaviour in children. The following different views were communicated by the participants during the interviews:

- Participant two concurred that for a child to display sexualized behaviour, there had to be some kind of exposure to situations that were sexual in nature. Other factors might have an impact, but exposure had to prevalent. In this regard participant eight agreed that children are more exposed to explicit materials in general than the case had been in the past. Boundaries have shifted and children are more vulnerable to inappropriate sexual images. Participant one articulated that one should always ask oneself:"What am I not seeing?"

She stated that somewhere the exposure to the 'sexual'does come to the foreground. Then the question remains, was the sexual abuse and/or exposure

traumatic or not? All social workers are dealing with children at risk; why else would somebody report these children who have been exposed to abuse?

Participant two also articulated that especially in the children's home, where the exposure is more, and where children from traumatic backgrounds are living together, the prevalence of sexualized behaviour will increase.

The researcher agrees with these statements and feels that children might be more prone to revert to sexualized behaviour as a coping mechanism. The researcher agrees with the participants in that children who are placed in care centres, like children's homes might be a bigger risk for displaying sexualized behaviour. These children are children in need of care, which means that they might have been exposed to situation which makes them more vulnerable to trauma. As mentioned previously,Doyle, (1994: 39 – 40) mentioned the following:

> "Children in these establishments are particularly vulnerable because the children are emotionally isolated. The children have little control over their lives, little autonomy and few choices over what to wear, when to watch television and when to go to bed."

- Participant one stated that children in youth care centres need routine and discipline in order for them to start feeling safe. As soon as they feel safe, the sexualized behaviour also decreases. Participant seven experienced that little girls who have been traumatized (rape or molestation) would start friendships with other girls who had experienced the same trauma. They would feel safe in these relationships because they can 'sexualize' each other without getting hurt. As soon as clear boundaries were set as to what a healthy friendship is, the girls' behaviour changed from being very aggressive to being less aggressive.

- Participant three felt that there are no clear boundaries with regard to sexualized behaviour. There are various views on the matter and the children are subject to all of them. Some people have the idea that it is your body, you can do with it what you like, the 'anything-go's'. Participant three also stated

that on the other side of the spectrum are individuals who do not want to talk about sexualized behaviour and feel that if you ignore it, the behaviour will go away.

- One of the participants stated the following with regard to sexualized behaviour amongst children:

> "I think it is higher than what anyone thinks. I honestly do believe, I think um, look, when we were, when I was in primary school, I know the stuff we experimented with and talked about. And we did not have cell phones, we didn't."
> "The adverts are sexually provocative. I mean there are a very view places where it is not this sexual underlying message going through."

This view is shared by two of the participants.

- Participant five and six stated that one should be looking at what exactly the child has done, and you should assess the situation. When the behaviour becomes obsessive and when they have the need to do it twenty times a day, they have to masturbate in order to feel good about themselves – then the behaviour becomes problematic. Participant five indicated that one should always keep in mind that sexual play is part of natural development and that one should be careful for secondary traumatization.

With regard to different professionals and their opinions, participant five and six stated that even in a professional task team, the professionals can differ from opinion. Maybe not on the appropriateness, or inappropriateness of the behaviour, but on what intervention is to be followed. Participant five articulated that there are grey areas, with professions like educators, because it is not their field of expertise. Participant six on the other hand commented that the different opinions might not be dramatic between professionals, but the opinions between clients are more likely to differ.

The researcher concluded the following with regardto the perceptions amongst social workers about the prevalence of sexualized behaviour amongst children in middle childhood: there was general consensus that children who had been exposed to

inappropriate sexual 'issues' were more prone to display sexualized behaviour problems. The participants stated that amongst professionals, discrepancies in the views about these unhealthy sexualized acts, is not always very different. The big discrepancies is views about what is healthy and what is unhealthy, is more amongst clients, such as the. parents of these children.

4.8.2.4 Factors that contribute to children displaying sexualized behaviour

According to some research that has been done in the field, it was found that although the term 'sexual' is used, the intentions and motivations for these behaviours may or may not be related to sexual gratification or sexual stimulation. These behaviours may be related to curiosity, anxiety, imitation, attention seeking, self-calming, and/or other reasons (Silovsky and Bonner, 2003). There are strong debates that take place regarding the role of attachment in the treatment of children who come from chaotic backgrounds and who have lacked the stability and predictability that help them develop the appropriate skills to regulate their affects. They also lack the ability to understand and maintain healthy and safe relationships; develop a solid sense of self and behavioural control mechanisms (Friedrich and Norton, 2007).

 Sexual behaviour problems in children and adolescents have particular risk factors, making it more likely that one will develop sexual behavioural problems, one being a history of chaotic homes and the lack of a child's needs being met. The authors maintain that due to the histories of the 'culture' around sex and sexuality a family brings to the existence and more importantly maintenance of sexual behavioural problems (Friedrich and Norton, 2007). Factors, such as culture, and memory, may also impact the display and reported frequency of sexual behaviours, as culturally-specific values and expectations for children may influence and modify a child's behaviour (Rothbaum *et al.*, 2000: 110).

- *Familial risk factors*: Participant one articulated that the following factors might have an impact on children displaying sexualized behaviour: they are not nurtured within family relations and this encompasses food, lack of physical care, love and attention. There is also a lack in significant attachment. Because of that, they then want to look for the loss of this feeling of belonging in other ways and it becomes a way of self-regulation. Participant onestated that with reference to children, boys and girls, they become more vulnerable because of

this attention-seeking behaviour and then they can become victims of abuse. These children do not have boundaries in place or a healthy value system. Participant four articulated that children in today's world are emotionally stunned, cognitively they are more advanced than in the past, but emotionally they are not coping.

Children are allowed to be intellectual, but not emotional even though they still have that need. Participant four articulated the following in this regard:"And that is where the kids are opened up to being abused and taken advantage of and again, I need belonging, I need to be loved, I need to be nurtured, I need to be all that security ..."

One participant added poverty as another contributing factor. Girls become prostitutes for an income, even though they have not been previously abused.

- *Indirect sexual abuse*: Seven of the participants stated that exposure was one of the main contributing factors to the fact that children display this sexualized behaviour. Participant three and five agreed that because parents are too busy to raise their children, they get involved in activities which are not age-appropriate. They are bored, lack attention and boundaries and will do anything to be part of 'something'. Participant three mentioned the following: "I think it makes children experiment with sex. Sex is the new thrill."

According to participant three, there are less hands-on parents, more explicit exposure to media of a sexual nature and lastly the sexual education that the children are currently receiving is not on par with what is really happening. Participant four agreed with this and stated that: "The social order has changed", "What wasn't acceptable is now acceptable."

Participant eight added by articulating that: "Children are allowed to watch any kind of movie, they have access to anything. So yes, I think there is definitely an increase (in sexualized behaviour problems)."Participant four also felt that there is a sexual spiritual realm that can have an impact on generations being affected by sexual abuse.

- *Sexual abuse as a factor*: Two participants stated that children are triggered in one way or another due to their traumatic backgrounds of being sexually

abused. They sometimes experience flashbacks or triggers that can cause them to act out sexually. One of the participants communicated the following :

> "Case to case it is different because again, it can be sexual abuse, It's those that have been abused, they need to be stimulated in that way – would probably have a, you know, the need for belonging." "...the sexual abuse, the belonging, and I think the belonging is pretty much the thing that underlines the other stuff."

> Participant five agreed that where children have been sexually abused, they self-sooth and/or self-nurture through sexualized behaviour because that is how they perceive love.

The researcher agrees with the above statements regarding the factors that contribute to children displaying sexualized behavioural problems. It was noted that there are differing views amongst the participants and what has been found in other literature. The participants felt strongly about previous 'sexual' exposure that children had to have. In contrast to this the following can be stated: "During the last decade of research it has been found that many children with broadly defined sexual behaviour problems have no known history of sexual abuse (Bonner, Walker, & Berliner, 1999; Silovsky & Niec, 2002)."

Friedrich (2001, 2003) adds to this by mentioning: "The origins and maintenance of childhood sexual behavioural problems include familial, social, economic and developmental factors."However, even though there were contradicting findings linking the factors that might make the probability of sexual abuse more apparent , there was consensus about familial risk factors and indirect sexual abuse (like pornography).

4.8.2.5   The relationship between sexualized behaviour and trauma

Empirical studies that have been done by Elkovitch *et al.* (2009:593), attempted to understand the factors that go beyond child sexual abuse, have typically been approached in one of two ways: either examining samples of children referred for treatment for problematic sexual behaviours, or by examining problematic sexual behaviours in more diverse samples of community children. Even though this is the

case, the concept of equifinality, highlights the diversity in processes involved in the development of child sexual behaviour problems (Elkovitch *et al.*, 2009:593).

- *Attachment:* A participant stated that attachment to a significant person, for example. a mother is a very important factor. She indicated that if this nurturing is not experienced by a child, it can have significant implications for a child in later life. If boundaries in this regard are also diffused, it can cause developmental difficulties too. Studies that were done, found that the influence of parenting practices is one of the best predictors of child outcome, broadly defined, is the response of the child's non-offending caregiver(s) following the sexual incident (Cohen and Mannarino, 2000; Everson *et al.,* 1989; Finkelhor and Kendall-Tackett, 1997). In this regard, the researcher is referring to the trauma children might experience when they lack significant attachment figures in their lives.

- *Triggers, previous experiences and trauma*: as mentioned in the previous section, participant two stated that these children might be triggered in one way or another due to their traumatic backgrounds of being sexually abused. "They sometimes have flashbacks or triggers that can cause them to act out with sexualized behaviour."

- *Secondary traumatization/exposure*: A participant articulated the following:

    > "You witnessed a rape for instance; you very well might be heightened to that. You understand what I mean, without even realizing it. You even witnessed a movie that was over the age limit that you shouldn't even watch and there was a rape scene in that, or there was a sex scene in that. That can traumatise you unconsciously, I believe, which can then lead to sexual trauma. But to stretch it that far to say any type of trauma can lead to sexualized behaviour...? No, no. That's too far."

The participants also commented that children who have been victims of severe abuse and deprivation are just as inclined to for example start drinking or over-eating because there is a need that is not being fulfilled. It does not

mean that they are more inclined to start acting out sexually. "People can go into any direction with that."

- *Personal differences*: Most of the participants concurred that one should be careful to generalize the effects of trauma on different children. Children have inherent differences and they will therefore not react in the same way due to trauma. One of the participants specifically stated that children can act out due to traumatic events like divorce, drugs, alcohol and abuse, but the behaviour might be things like rebelliousness, staying away from school and refusing to eat.

- *Low cognitive functioning*: one of the participants used Paul Young Nickel House as an example and stated that the people who stay there are individuals who are cognitively as well as physically disabled, these individuals have to receive injections on a monthly basis in order to lower their sex drives. The participant articulated the following:"The same can happen with low functioning children, if you talk to them about 'sex' they aren't shy – it's like they are talking about a 'chappie'."

The meaning of 'sex' is different for them, it is as if they just function on needs only basis. If they are hungry, they eat, if they want sex, they do it. They aren't always able to think about the consequences on a logical level.

In conclusion, it can be stated that there is a significant relationship between sexualized behaviour and trauma that children experience. The trauma that the participants referred to were trauma-related experiences like: attachment problems, triggers relating to previous experiences, secondary traumatisation or exposure to sexual related 'issues', personal differences and the influence of low cognitive functioning.

4.8.2.6   Situations which predispose children to revert to unhealthy sexualized behaviours

The origins and maintenance of childhood sexual behavioural problems include familial, social, economic and developmental factors (Friedrich, 2001, 2003). Contributing factors may include sexual abuse and also physical abuse, neglect, substandard parenting practices, exposure to sexually explicit media, living in a highly

sexualized environment, and exposure to family violence (Friedrich, Davies, Feher, & Wright, 2003 cited in TFCSBP, 2006:4).

Other factors that were also argued to predispose children to revert to unhealthy sexualized behaviours that were not related to sexual abuse where: child characteristics that alone, or by interacting with environmental circumstances, contribute to the development of child sexual behaviour problems. Factors with regards to the development of child sexual behaviour problems include gender, age and biological factors (Elkovitch *et al.*, 2009:593). Elkovitch *et al.* (2009:593) also mention that the immediate environment, such as the child's family or school can have an influence. Some of the factors include: being maltreated, parenting, family circumstances and family sexuality.

- *Exposure and sexual abuse*: Two participants indicated that children act out what they have seen and what they have been exposed to. These children try to make sense out of what they have experienced and revert to sexualized behaviours. They strongly indicated that it is learnt behaviour and previous experiences and this is one of the reasons why children revert to unhealthy sexualized behaviours. Participant four agreed with this and stated that children who have been exposed to pornography or sexual abuse are more inclined to display sexualized behavioural problems. The participants also indicated that children who are placed in alternative care are more inclined to show this kind of behaviour:

    "Broken people break people". "So, I mean, we do everything in our power and I have full confidence in our housemothers here, that they look after their children and they really do what is needed, it's just, these kids are vulnerable, they are walking targets to the world."

The participants added that children who are staying in the children's homes are more exposed to these kinds of behaviours and that almost 70% of children in children's homes, have been victims of sexual abuse.

- *Low self-worth*: Participant two and seven agreed that children who experience low self-worth (those who show it as well as those who hide it) are more inclined

to look for acceptance somewhere else. Through this they may become 'soft' targets' for abuse. Participant three added to this and stated that children look for acceptance anywhere and will do anything to feel love (with reference to her experience in the children's home). Participant six also explained that:

> "Children with 'more sensitive' personalities might be more inclined to become victims and then also start displaying this kind of behaviour. Also, children who have then been victims of sexual abuse might also become the 'molesters' themselves and they then target these children who do not have strong self-esteems."

- *Labels*: One participant indicated that children are at times labelled because of their behaviour. They may start living up to these labels and the behaviour may escalate. "Children really have the ability to influence one another."

- *Economic situation*: A participant cited that on economic level, children who lack financial support might see 'sex' as their way out. According to Kreston (2004: 181) child sex tourism refers to:

> "The sexual exploitation or abuse of a national, usually from a developing country, by the national of another country, usually a developed country. The rationalization behind the perpetration of this crime is diverse, ranging from excuses such as "it is a cultural thing", or "I am helping the family", to "the country needs the cash and the child is expendable."

- *Violence:* Participant four articulated the following: "I think a child from a violent home can be more susceptible to it, I mean, a child who is removed, obviously, you know, wants and needs belonging."

Participant seven also responded on this and stated that children can become susceptible to this kind of behaviour because of their chaotic backgrounds, especially because of their need for belonging and 'feel loved'.

- *Personalities*: Two participants stated that there might be children who have been victims of sexual abuse and who do not act out at all. They might cross over to the other side of the spectrum and totally avoid this kind of behaviour.

The researcher realized that the situations that predispose children to revert to unhealthy sexualized behaviours cannot be seen as a unit of concise factors. There are various factors that make children more inclined to regress into using sexualized behaviour as coping mechanisms. These factors should be seen in a holistic manner and having an impact on all aspects of life.

4.8.3 THEME THREE

Self-nurturing behaviour

- Definition of self-nurturing

Self-nurturing means that: "… children learn to accept those parts of themselves which they hate in order to achieve integration, in other words to accept and nurture themselves (Blom, 2004:173)."

In Gestalt a person is seen as having a natural or organismic tendency to regulate the self. This means that a person strives to maintain a balance between need gratification and tension elimination. Individuals are constantly faced with needs that have to be met. Once these needs arise the individual experiences discomfort. However, as soon as these needs are fulfilled, the individual moves into a state of equilibrium (homeostasis). The Gestalt approach assumes that people know at some level what is good for them. The organismic self-regulation when left intact, usually leads towards a healthy, balanced and self-actualizing outcome (Kottman and Scheafer in Rapoo, 2002:16).

- According to feedback from most of the participants, self-nurturing serves a self-regulatory function. It makes children feel comfortable and safe. It creates a feeling of closeness and makes them feel comfortable with themselves. It creates a feeling of safety and it makes them feel that they 'belong' somewhere.

One participant stated the following: "It is that one thing that you do for yourself in order to feel comfortable."

One of the participants articulated that children at this age sometimes make use of teddy bears in order to feel that sense of closeness. Another participant stated that in middle childhood children learn what it is to 'nurture'. They learn what it means to care for others, to form relationships and what it means to give and receive love. It is also a need that is communicated, a need to belong and to be part of something. Participant three and eight indicated that self-nurturing is about making yourself feel good, to create a space for yourself, to calm yourself down, or to create a space where you feel OK, which you associate with. Participant five mentioned that self-nurturing is a way of making what happened to you more bearable as a coping mechanism. It means: "Just for a moment I want to be OK."

Like the other participants, participant six agreed that self-nurturing is about creating that feeling of belonging which decreases tension. Participant seven found that children self-nurture in different ways. Some children like to spend time with themselves and others cannot self-nurture on their own. They make use of teddy bears, they masturbate or put a blanket between their legs. "Anything to make them feel 'this is mine'."

The researcher realized that behaviour can never be judged on face value regarding the specific meaning the child may attach to it. This statement is supported by the person centred approach according to Rogers, which state the following (Grobler, Schenk and du Toit, 2003: 58): "The organism reacts to the field as it is perceived. This perceptual field is, for the individual, reality." In context this means that we as individuals and professionals cannot try to perceive what the child is experiencing, nor judge their behaviour. What children perceive as their reality, is their reality. We can only try to understand it. Adding to this, Rogers (1987: 491) in Grobler, Schenk and Du Toit (2003: 58) stated the following:"Behaviour is basically the goal-directed attempt of the organism to satisfy its needs as experienced in the field as perceived."

Behaviour is therefore associated with needs. Individual needs motivate behaviour. If this is kept in mind, it becomes clear that all behaviour has some motive, reason or goal (Grobler, Schenk and du Toit, 2003: 59).

4.8.3.1 The function of self-nurturing for children in middle childhood

Children are sometimes so diminished that they cannot make choices: "By making a choice, a child is defining him or herself (Schoeman, 1996c:180)."

When the child is empowered, they should get a feeling of power, knowing that they are in control of making their own choices. Self-nurturing needs to take place in order for the child to maintain this power (Schoeman, 1996:181).

As mentioned in the previous section, self-nurturing serves the function of making the child feel good when there is discomfort according to participant one. In this regard, participant seven stated that especially children who are newly admitted to the children's home, self-nurture a lot because they need to feel safe and in control in the new environment. They need to feel that they are in control of their own actions and emotions and nobody else is allowed that control. As soon as they start receiving therapy and start to adjust, the unhealthy self-nurturing mechanisms decrease.

- All the participants agreed that it is that one thing (act) that you can do to feel safe or create a sense of closeness. It helps them to calm down and create an area where they feel relaxed and with which they can associate. According to one of the participants it is that 'entity' (act) that makes them feel better when they are at their most aggressive state.

- According to the participants self-nurturing serves the function of helping the individual self-actualize. They agreed with this and mentioned that self-nurturing is pacifying. "It's like a little child sucking on a dummy."

- A participant indicated that children need to be taught how to self-sooth/nurture in a healthy way, which does not have an impact on other individuals.

- According to one of the participants, children make use of self-nurturing in order to deal with the trauma that they have been exposed to, more effective. She formulated it as follows: That there are various ways in which people self-nurture, even though it is unhealthy. Some children cut themselves, some masturbate and some use drugs. It's that feeling of: "Don't come into my space."

The researcher found that self-nurturing primarily serves a soothing function for the child. It is the act that makes the child self-regulate. Rogers (1987:507) in Grobler, Schenk and Du Toit (2003:28) adds to this by stating: "Most of the ways of behaving which are adapted by the organism are those which are consistent with the concept of the self."

The authors further elaborate the statement by articulating that the self plays an important part regarding behaviour. Behaviour is not only directed at satisfying a need. It is also has to agree with the perceptions the persons has of him or herself.

4.8.3.2 Healthy self-nurturing mechanisms

In consulting literature, the researcher found that there were healthy and unhealthy ways of self-nurturing. By conducting interviews, the researcher also found that children who display sexualised behaviour sometimes use it as a coping mechanism for self-nurturing.

- *Masturbation*: Some of the participants stated that masturbation in a developmentally healthy sense is not problematic for a child. It should be done in private, no other person should be involved and the frequency should be low. You have to put it into perspective for a child and not make the child feel guilty if the masturbation is age appropriate.

- *Caring and relationships*: Participants articulated that during middle childhood, children learn how to care for others, how to love and how to be loved. They need to understand this because they to have a need for belonging or to be part of something. And again it comes down to self-actualization. One of the participants stated that:"It starts with taking care of yourself." "Because it is yours, it should be valuable to you." "Then it progresses to care of your work."

- *Belonging and family time:* The participant puts a lot of thought into the fact that children need to feel that they belong somewhere, which links with another participants statement. In the children's home where the participant is working they focus on creating a 'family' environment for these children. They also focus on creating strong boundaries in order for the children to feel secure.

- *Physical activities/other interests:* Participants five, six and seven agreed that physical activities or any other interests are healthy self-nurturing mechanisms. Participant five stated that in the children's home, they would walk with the children, talk to them, make them do some activities which they like in order to experience the same nurturing than they would otherwise (when for example masturbating). It is important to do something that the child likes to do. The participant stated that this approach might take a while and that the child needs to be given time to learn the new nurturing technique. The child needs to be assisted to make sense of their process.

  Participant six agreed with this approach and mentioned that one can motivate children to do what they are interested in, like riding bike, painting or any activity that helps them get rid of their frustration and anger. Participant seven suggested giving children boxing bags or pillows to punch. Reading, writing and diaries are also examples of mechanisms that can be used to self-nurture.

In conclusion, the coping mechanisms that children revert to in order to self-nurture are: masturbation (healthy), caring and relationships, belonging and family time and lastly activities and other interests. When healthy self-regulatory mechanisms are put in place in can serve an empowering function for children to maintain balance in their lives. Schoeman (1996c:181) states:"When the child is empowered, they should get a feeling of power, knowing that they are in control of making their own choices. Self-nurturing needs to take place in order for the child to maintain this power."

4.8.3.3   Unhealthy self-nurturing mechanisms

Masturbation in children who have been traumatised seems to be a regulating mechanism to canalise negative emotions. In other studies it was found that infants masturbated when they were angry, anxious or bored. Self-stimulation is also found in children with a severe lack of external stimulation, such as children in orphanages (Mallants and Casteels, 2003:111 - 117). Family stress and the lack of affection foster this type of acting-out. Studies have also shown that food, drug abuse and sexual interests share a common pathway within our brain's survival and reward systems. This pathway leads to the area of the brain responsible for our higher thinking, rational thought and judgement (Herkov, 2006).

- All the participants agreed that when sexualized behaviour as nurturing technique becomes obsessive, compulsive and there is no balance, then only it can be viewed as a problem and should be addressed. Special attention was given to masturbation by more than half of the participants. Participant two mentioned that some of the children that she works with masturbate so frequently, that they have to go to the nurse for treatment. "The unhealthiest self-nurturing mechanisms that are used are sexual in nature."

  In this regard, participant three articulated that children also have sexual conversations on Mxit, which is also a release of emotions through an unhealthy, unsafe environment. When other children are involved it becomes unhealthy and especially when conversations evolve into actions. She also stated that when an object is used during masturbation it becomes even more problematic.

- Participant three, four and six stated that behaviours like drinking, drugs and smoking are not related to self-nurturing; they can rather be seen as attention-seeking behaviours and should be regarded as a separate field. Other self-destructive behaviours like cutting, is also put into a different category than sexualized behaviour.

- Participant four stated that an act becomes unhealthy when it is always about:"My way, my way, and my way. I don't care who gets in my way."The participant therefore indicates that when the acts become selfish, only focusing on individual needs, it becomes problematic.

The researcher found that self-nurturing is seen as unhealthy where there is no balance or control over the acts, where objects are used and when the acts are only directed at individual needs. It was also interesting to note that some of the participants did not see drinking, drug use, smoking and cutting as self-nurturing acts. Rather, they are aimed at other goals that the individuals need to satisfy.

4.8.3.4   Addressing self-nurturing mechanisms of the child

Most children blame themselves for trauma that they were exposed to. Feelings of guilt, shame and blame are thus pushed deeper and deeper. As the child feels stronger, more acquainted with their senses, their body, their intellect and emotions they learn to express her emotions rather than bury them (Rapoo, 2002:122). Children

are sometimes so diminished that they cannot make choices: "By making a choice, a child is saying who he is (Schoeman, 1996c:180)."

When the child is empowered, they should get a feeling of power, knowing that they are in control of making their own choices. Self-nurturing needs to take place in order for the child to maintain this power (Schoeman, 1996c:181).

- Seven out of the eight participants agreed that unhealthy self-nurturing mechanisms should be addressed and that there are ways to address these mechanisms.

- Participant one indicated that one should make an effort to convert attention from the behaviour. One can make use of cognitive restructuring, regular follow-ups followed by discussions and monitoring of the behaviour. One should always keep in mind that the children might often regress back to the old behaviour because they feel uncertain or scared. In the children's home one also experiences that the children regress when they come back from home after holidays. Participant one further stated that the behaviour should be addressed immediately and the process can be started again. The more intervention there is over a period of time, the less the regression takes place. The last phase is where the child is left with the choice of either choosing the behaviour which is negative, or the behaviour that is positive. The participant articulated that open channels and trust are very important in order to facilitate this change.

- Participant two stated that this need (teaching children healthy self-nurturing mechanisms) that has to be addressed because it seems as if more children are being molested and exposed to explicit materials. The participant articulated the following in this regard:"In general I feel that there are no more healthy boundaries in relationships." As stated previously, children might revert to unhealthy self-nurturing mechanisms with themselves and others because they might not have the ability to maintain healthy boundaries.

- Participant five mentioned that communication between you and your child is one of the most important aspects that have to be addressed. The child needs

to be empowered in terms of themselves and others, especially regarding healthy boundaries. Participant five mentioned the following:"Empower them with knowledge."

She added that, secondly, parents need to be taught parental skills. They need to be able to know what their children are busy with and they need to know safety issues around that, for example pornographic websites and Mxit. These technological tools can be used to reach children in a positive way as well. By firstly understanding it and comprehending the dangers related to it.

- Participant six experienced that one can address sexualized behaviour through discussions with a child, talking, drawing or writing.

- Participant seven stated that there are situations where the behaviour has escalated to such an extent that intervention will not help. She articulated that:"The situation has totally lost control."

Because every child differs, one can also not impose the same mechanisms for one child and for the next. Their needs are first priority and especially with the child who is low functioning, who don't have the ability to reason. She gave one little girl a whistle, every time she felt that she wanted to masturbate, she had to blow the whistle. Participant seven elaborated by saying that the housemother would then take her out and keep her busy, but also that only lasted for a few days. These children have their own set of needs and it can take years to change that. We try to teach them simple things like, don't involve anybody else, don't hurt yourself, don't make use of objects what is happening to you is private etc. "We try intervention on a daily basis, but in the end it comes down to only protecting of these children against them harming themselves."

Through conducting the interviews with the various participants, it became evident that there is a need for addressing healthy self-nurturing mechanisms. The researcher realized that there were already mechanisms that are being implemented in order to assist children. In contrast to this general feeling of providing strategies and mechanisms, one of the participants concluded that sometimes the behaviour escalates to such an extent, that intervention will not help.

4.8.4 THEME FOUR

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Middle childhood as developmental phase

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4.8.4.1 Middle childhood as developmental phase

Children in middle childhood find themselves in the psychosocial crisis of mastering diligence versus inferiority. Children develop a need to learn and a sense of curiosity. Parents and teachers must provide the child with the opportunity to exercise these skills (Louw and Edwards, 2004:472). The period between 6, 7 and 11 years are referred to as the 'school years' where children are mastering new concepts, new vocabulary and new skills (Berger, 2003:299). The ages 6 to seven 7 is the time when they acquire the cognitive operations that will enable them, amongst other things, to classify animals, people, objects and events (Schaffer, 1996:266).

- Participant one stated that middle childhood is approximately between the ages of 10 and 13 years of age. The people who are important at this age are the child's parents and their teachers. Children at this age are very scared of rejection. The participant added that:"If I do something bad, then somebody will reject me."

  This can be a very confusing age for children, they aren't as cute as they use to be and because they receive less 'cute' attention, they might end up feeling rejected. This also depends on the child, and can differ from one child to the next. According to participant one, this is where 'problematic' behaviour is also seen and where children can unravel.

- According to participant two, middle childhood can be seen as the ages between 8 and 12. One of the main characteristics that stand out for her is that children at this age like 'physical touch'. Participant two stated:"They can sometimes be 'in your face'. In general they are very 'bubbly' at this age; they ask a lot of questions and want to understand the world."

- According to participant five, children aged between 7 and 12 are seen as children in middle childhood. The focus is primarily on identity formation as well

as physical development. At this age, children start to realize who they are and they also start to introduce themselves to other people. They start to make themselves presentable to the world and others around them.

- Participant seven articulated that children in middle childhood experience a difficult and confusing time, they aren't small children anymore, but they are also not in high school yet. The participant concurred the following:

> "Children in middle childhood have a lot more pressure,
> they have to do homework, there are more expectations,
> they have to do well in a sport and most of the time they do
> not have the ability to reason and handle all the pressure."

The participant added by saying that if the child does not have a good self-esteem, they are influenced very easily, then they can have difficulty in coping, they can get mixed up with the wrong friends and struggle academically because they do not understand their emotions yet. Participant seven also stated that gender-identity is formed during this phase.

- Participant four stated the following with regards to middle childhood:"My one word that comes to mind is fun. That is the time when you should be sleeping under the stars."

The participant made it clear that at this developmental age children should be having fun and enjoying life.

The researcher can therefore conclude that middle childhood is the phase where children establish relationships with significant others in their lives, like friends and teachers. According to some of the participants, this is also the phase where children are afraid of rejection because during middle childhood, identity formation takes place. It was also noted that physical touch and they should focus on having fun and enjoying life.

4.8.4.2   The needs of children in middle childhood

During the course of development, children change physically, emotionally and cognitively, as they progress through different stages (Fouché, 2007:110). The child's physical development in turn has an impact on his cognitive development as the child has the need to explore his/her environment (Bender, 1999:26). Children in middle

childhood's moral and religious development rest on concrete and realistic grounds. It is for this reason that children at this stage need firm and unchangeable rules which can be understood literally (Bender, 1999:33). It is important for the child that these rules and values be applied fairly and justly to everybody. "There are people to be explored, feelings to be experienced and relationships to be formed. All of this contributes to the development of the child (Bernstein *et al.*, 1994:59)."

- *The correct information*: participant one, two and four concurred that children need the correct information and facts about what is happening in the world. They are very curious and they therefore need the correct guidance in this regard. The researcher feels that they do not fully understand their emotions yet, and they therefore need guidance in order to understand their emotions as well as actions.

- *To have a full life*: participant one mentioned that children need to be given the opportunity to live life to the full, they need to be able to feel that they can be spontaneous, they need to feel that it's OK to perform inside their capabilities and they need exposure to the world. Participant four added to this by stating that childhood is all about having fun.

- *Your feelings*: According to participant one children in this phase need to know that they can take responsibility for how they respond on their emotions. "They have choices and they can decide on who they want to be friends with."

- *Relationships with significant others*: Participant one, stated that children start forming significant relationships with other people, like friends, in this phase. Participant six added that this phase is the phase where children start forming peer relationships which have a big impact on the child's identity. Participant three and four added to this by mentioning that this is the make or break phase because it is the phase in which their identities are formed. Participant one also concluded that how they react to others depends on their personality; some of them get over-involved whilst others avoid getting to close to someone. Some children are extroverts and others are introverts. All of this has an influence. The participant adds that significant relations with their parent's stay important throughout their lives.

- *Physical closeness*: Participant two stated that children at this phase also need to experience physical closeness. Lutz *et al.* (2008:4) found that compassionate thought, which uses imagery to develop feelings of loving kindness for oneself and others, alters brain circuitry in a way that could enhance long-term mental and physical well-being. Individuals who experience low moods have been found to show great difficulty generating compassionate self-images (Gilbert &Procter 2006:357). This inability to imagine a warm and compassionate part of self has been found to predict low scores on Gilbert *et al.*'s (2004:31 - 52) trait self-reassurance scale and high scores on trait self-criticism.

- *The need to belong*: Participant five stated that children at this age need to feel that they belong somewhere. They need to feel that they are part of something. Participant six added that children need their parents in this phase; they need to feel that they belong somewhere.

- *Coping strategies*: According to participant seven, children need to be equipped with coping strategies in this phase because they are exposed to much more than in the past. The pressure on children has increased and families have changed. Children do not have the opportunity to be children anymore; they are forced into the next developmental level. The participant articulated the following:

> "'Sexualized children are pressured, not only because of the 'sexual aspects', but also to be the mothers in the house, or the father's wife. They then actually skip a whole generation and you need to adapt to a new role. So, I think, emotionally, children aren't ready to cope with this, they need to move from one developmental phase to the next."

The researcher found that the needs of children during middle childhood can be to have a full life, to establish healthy relationships with significant others, to feel that they 'belong', to experience physical closeness, to understand their feelings, to empower them with the right information and lastly, equipping them with coping strategies. In the literature that was used (refer to the introductory part of this section), it was also stated

that physical development, healthy rules, moral and religious development takes place during this phase and can be seen as needs during this phase.

4.8.4.3   The impact of trauma on children in this phase

Early stress can produce life-long changes in the hormones vasopressin and oxytocin. Oxytocin is shown to be a critical factor in affiliative love and non-sexual social interactions.

> "Theoretically, early neglect or abuse by altering levels of vasopressin and oxytocin could predispose mammals to suffer from enhanced sexual arousal, diminished capacity at sexual fulfilment, and deficient commitment to a single partner" (Teicher et al., 2002:415).

- Participant one articulated that trauma has the same impact throughout life: 'Trauma is trauma.'

Participant five differed with this statement and added that children in this phase have a lot of emotional, social and identity formation issues at this age, which can make coping with trauma very difficult. Participant six mentioned that trauma might be a little more difficult to handle at this stage as you start remembering your experiences ideas about life are being shaped. Participant six added to this by stating that: "The impact of trauma might be harder to handle at this stage."

Participant seven added to this and stated that children in primary school are more affected by trauma because it is their identity formation years. There are so many things that have to be addressed and that the children have to identify with in order to form their own identity. The issues that the children did not deal with during middle childhood are carried over to the teenage years. A good example is when a child is removed from parental care during the toddler phase. One can walk a road with them to address their feelings but a child who is eleven (11) or twelve (12) years of age and who does not trust people, is very hard to work with. Participant four said that children are exposed to inappropriate things (like pornography) too early and this can have an emotional, intellectual and mental impact on them.

The researcher heard differing views in reference to the impact of trauma in the developmental phase. On the one hand there are statements that trauma has the

same impact throughout all the developmental stages, it cannot be limited to one developmental phase as being the most influential phase. The general feeling, however, was that trauma has a significant impact during this phase and may even alter the child's behaviour and identity formation more than it would in another phase of development.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

"Sexualised children" are referred to as children who engage in sexual behaviour that seem to be problematic and elicit adult concern. Gil and Johnson (1993: xiv) believe that many children with problematic sexual behaviour are children who have been conditioned to respond in specific ways.

Certain problems are seen as particular risk factors in making a child more susceptible to develop a sexual behavioural problem. One of these is a history of a chaotic home and another is the inability to meet a child's needs (Friedrich and Norton, 2007).

The researcher is of the opinion that there is a significant link between sexualised behaviour and self-nurturing amongst children in middle childhood. The relationship between these two variables can have a significant effect on the way professionals view children who display sexualised behaviour in institutions where there is a lack of affection and significant attachment to adult figures.

In order to understand sexualised behaviour in the context of self-nurturing, one needs to understand what self-nurturing encompasses. In consulting literature, the researcher found that there are healthy and unhealthy ways of self-nurturing. According to Oaklander (1994b, 1997) in Blom (2006: 151), self-nurturing means that children learn to accept parts of themselves which they hate in order to achieve integration – in other words, to accept and nurture themselves. Professionals who have the task of supporting these children with the many losses they experience, need to understand the possible function of sexualised behaviour in children. Social workers need to understand that there are sexual age-appropriate healthy activities, and then there are patterns that may be unhealthy or pathological that may require attention and/or treatment.

In order to form a knowledge base for this study, the researcher discussed and conceptualized middle childhood as a developmental phase in Chapter 2. The researcher attempted to describe the problem of sexualized behaviour in the context

of self-nurturing through a literature study in a comprehensive manner as demonstrated in Chapter 3.

The researcher undertook a qualitative applied study which allowed her to explore the perceptions of social workers with regard to sexualized behaviour and self-nurturing. The new data gathered through the research, enabled the researcher to confirm or to add to the existing knowledge as discovered through the literature study.

Conclusions and recommendations for this study are based on the empirical information and outcomes of the study as described in Chapter 4. It is concluded that social workers should be empowered with knowledge about the relationship between sexualized behaviour and self-nurturing in order to deliver interventions that have a significant impact.

In order to provide a context for these conclusions and recommendations, the achievement of the goal and objectives of this study will be discussed.

5.2 GOAL AND OBJECTIVES OF THE STUDY

The conclusion of the study must be in line with the goals and objectives set in Chapter 1. The goal of this study was to explore the perceptions of social workers regarding the relationship between sexualized behaviour and self-nurturing amongst children in middle childhood.

The objectives were delineated and contributed to the achievement of the entire goal. A thorough foundation for the empirical study was laid through a literature study on the following aspects:

- Middle childhood as developmental phase.

- Sexualized behaviour and self-nurturing amongst children in middle childhood.

The goal of the empirical chapter was to explore the perceptions of social workers regarding the relationship between sexualized behaviour and self-nurturing amongst children in middle childhood. This goal was achieved by making use of a structured research process as described in Chapter four 4. Conclusions could be drawn from these findings, which also helped the researcher to formulate recommendations about

the relationship between sexualized behaviour and self-nurturing amongst children in middle childhood.

5.3 CONCLUSIONS

In conclusion, the empirical process was an enriching and fruitful experience for the researcher. The participants were willing to discuss their experiences and perceptions about the relationship between sexualized behaviour and self-nurturing amongst children in middle childhood.

Most of the participants acknowledged that there is a relationship between sexualized behaviour and self-nurturing amongst children in middle childhood. However, there was a general feeling amongst the participants that for children who display unhealthy sexualized behaviour as a way of self-soothing, had to be exposed to behaviour that are sexual in nature. Even though trauma was discussed as having an effect on children's abilities to self-regulate, most of the participants articulated that children had to see or be exposed to sexual trauma in their lives. Even though a general idea could be formed about this relationship, there are still discrepancies and situations which cause confusion in practice.

The researcher will discuss my conclusions and recommendations in this chapter. It will be done according to the different themes that formed part of the semi-structured interview schedule.

5.3.1 THEME ONE

Theoretical understanding of the phenomenon of child sexual abuse

The following are the conclusions derived from the participants with regard to their theoretical understanding of the phenomenon of childhood sexual abuse.

5.3.1.1   The effects of sexual abuse on children

- During the course of the study it became evident that sexual abuse will always have an impact on a child's life. The impact is not only limited to physical trauma, but can also be emotional, spiritual and socially.

- Sexually abused children are, because of the exposure to this experience, forced into another developmental phase, which they are not yet ready to articulate.

- Children react differently to sexual abuse. These findings confirm what has been found in literature: "Given similar conditions, some children experience long-term consequences of abuse and neglect while others emerge relatively unscathed (NAIS, 2008: 2)."

5.3.1.2 The progression of child sexual abuse

- With regard to the progression of child sexual abuse, it was found that the progression of sexual abuse could differ from situation to situation as well as the meaning the perpetrator attaches to the abuse. Some of the participants were of the opinion that grooming might be part of the sexual abuse process.

- The values and morals that are communicated by parents to their children have an influence on the progression of sexual abuse. Sexualized behaviour has become more acceptable than in the past and it is taking place more and more in schools. In contrast to this, it was also indicated that there is a greater awareness amongst children about sexual abuse.

- There is a perception amongst some of the participants that there might be a difference between cultures regarding the way sexual abuse takes place. The participants mentioned that abuse in some black cultures might, in some cases, be once-off incidences, where the child does not always know the perpetrator. There was also a general agreement that one should be careful about inflicting one's own views on the children who have been sexually abused, because it might mean something different to different children.

It was also found that the environment and the exposure children might have to 'sexual issues' has an impact on the progression of the abuse. In contrast to this, Friedrich (2007) stated clearly that children who are displaying sexualized behaviour are not always exposed to sexual abuse. Through the research, it became evident that there are still different perceptions with regard to the impact of sexual abuse and children displaying sexualized behaviour. It was, however, evident that there is a general agreement about the progression of sexual abuse.

5.3.1.3 Factors that influence the degree of trauma a sexually abused child experiences

- There are a number of factors that might influence the degree of trauma a sexually abused child experiences because of sexual abuse. The study confirmed that outcomes of individual cases vary extensively and are affected by various factors. These factors include the child's age and developmental status when the abuse or neglect occurred, the type of abuse (physical abuse, neglect, sexual abuse, etc.), frequency, duration, and severity of abuse, as well as the relationship between the victim and his or her abuser (NAIC, 2008:2).

- The following can be concluded with regard to the factors that influence the degree of trauma a sexually abused child experiences:

  - A child's personality plays a role in the degree of trauma the child experiences when exposed to sexual abuse.

  - The degree of trauma is also influenced by the intensity of the abuse.

  - Another determining factor for the trauma the child experiences is related to how people react to the disclosure of the abuse as well as the support that the child receives after the disclosure.

  - The duration of the abuse is another factor that should be taken into account in the degree of trauma the child experiences. The intensity of the absue should be measured by the meaning the child attaches to the sexual abuse, in other words, how they experienced it.

  - The participants stated that there were different meanings that the child might attach to the 'perpetrator'. They also mentioned that sometimes children cope better with the abuse when the perpetrator was a family member close to them, like a father or mother. In contrast, another participant stated that because these children were abused by relatives who are close to them, the effects are most of the time devastating, because these children find it difficult to trust others again and might experience problems with their interpersonal relationships later in life.

- Age was also seen as a determining factor for the degree of trauma a child experiences according to some of the participants.

The above implies that there are various factors that could play a role in the degree of trauma a sexually abused child experiences. There was a general consensus about the factors that play a role. All the factors are explained in Chapter 1 of the study.

5.3.1.4   The needs of children who have been victims of child sexual abuse

- The study confirmed that the needs of children who have been victims of sexual abuse are:

    - The need to be believed when disclosing abuse.

    - The need to feel that they are not at fault.

    - The need to feel accepted and loved.

    - The need for security and predictability.

5.3.2 THEME TWO

Sexualized behaviour

The following section is about the views of the participants regarding sexualized behaviour amongst children in middle childhood.

5.3.2.1   What is sexualized behaviour?

- Sexualized behaviour involves a set of behaviours that fall outside acceptable societal limits.

- The following can be concluded when referring to sexual behavioural problems: sexual play can be seen as a normal part of childhood development, but the context, nature and frequency of the behaviour should be taken into account. The exposure the child has had, for example to pornography, should be taken into account.

- There may be differences between boys and girls when displaying unhealthy sexualized behaviour. Some girls have an attitude of passivity and

dependence, and they often indicate that they need a boyfriend, otherwise they cannot cope. It was also stated that this could differ from one girl to the next. On the other hand, one of the participants mentioned that boys might display childlike aggression and some would not be able to stand behind another boy in a row, as they would get an erection.

- When addressing the issue of inappropriate behaviour without any resultant changes taking place, the behaviour might be considered problematic.

It became clear to the researcher that the participants, in general, held the same view about sexualized behaviour. There was a general acknowledgement that sexual play is a healthy part of child development, but the frequency, duration and involvement of others plays an important role in determining the appropriateness thereof.

5.3.2.2 Prevalence of sexualized behaviour amongst children in middle childhood

The following could be concluded regarding the prevalence of sexualized behaviour amongst children in middle childhood according to the participants:

- It was concluded that the prevalence of sexualized behaviour amongst children in middle childhood might be higher than previously thought.

- With reference to children's homes, it was articulated by the participants that there are 'waves' that go through the children's home. This refers to patterns in the homes namely that at times there are no incidences of sexualized behaviour and at other times the patterns change.

- It was confirmed that all children, in all age groups can be affected. It just depends on the child and the context in which the child is handled.

- It was also stated that different views and value systems can have an impact on children who display sexualized behaviour.

- It was concluded that younger children do not form groups like the teenagers do, but the child in middle childhood who has already been sexualized, will make friends with other children their own age who have either been molested or raped. The function of these friendships are for these children to experience

the 'touching and fondling' part, without themselves getting hurt/ It therefore serves as a comforting experience since they are already 'sexualized'.

5.3.2.3 Social workers' perception of sexualized behaviour amongst children

- There was a general agreement that children who had been exposed to inappropriate sexual 'issues' are more prone to display sexualized behavioural problems. In contrast to this, it was cited in literature by Friedrich (2007) that sexualized behaviour is not always an indication that a child had been sexually abused. Therefore, sexual abuse is not the only determining factor.

- Discrepancies amongst professionals about unhealthy sexualized acts are not always prevalent. The big discrepancies is about what is deemed as healthy or unhealthy, and is found more amongst clients, such as the parents of these children.

- One should be looking at the child's behaviour, and then assess the situation. When the behaviour becomes obsessive and when they have the need to do it twenty times a day - they have to masturbate in order to feel good about themselves – then the behaviour becomes problematic. One should always keep in mind that sexual play is part of the child's natural development and that one should be careful not to cause secondary traumatisation.

5.3.2.4 Factors that contribute to children displaying sexualized behaviour

- It was found that previous 'sexual' exposure had to have taken place in order for a child to display sexualized behaviour problems. In contrast to this, literature by Bonner, Walker and Berliner (1999) and Silovsky and Niec (2002) in found that many children with broadly defined sexual behavioural problems do not always have a known history of sexual abuse even though it can be seen as one of the factors.

- It was found that familial risk factors and indirect sexual abuse (such as pornography) are also factors related to children displaying sexualized behaviour. These findings are supported by literature (Elkovitch *et al.*, 2009:595).

5.3.2.5 The relationship between sexualized behaviour and trauma

- The participant stated that there is a significant relationship between sexualized behaviour and trauma that children experience. The trauma that were referred to were trauma-related experiences like: attachment problems, triggers relating to previous experiences, secondary traumatisation or exposure to sexual related 'issues', personal differences and the influence of low cognitive functioning.

5.3.2.6 Situations which predispose children to revert to unhealthy sexualized behaviours

- According to the relevant literature, it was found that the origins and maintenance of childhood sexual behavioural problems include familial, social, economic and developmental factors. Contributing factors may include sexual abuse and also physical abuse, neglect, substandard parenting practices, exposure to sexually explicit media, living in a highly sexualized environment and exposure to family violence (Elkovitch *et al.*, 2009:593).

- Exposure to sexual abuse can be one of the traumatic situations that might predispose children to revert to unhealthy sexualized behaviours.

- According some of the respondents, low self-worth and personality was referred to as predisposing factors for children reverting to sexual play and/or sexualized behaviour as coping mechanisms. The children with feelings of low self-worth are more inclined to look for love and acceptance elsewhere. Children with stronger personalities might be more prone to resist reverting to sexualized behaviour.

- Labels were also articulated as having an impact, because children might start living up to the labels that they are given.

- Economic status can contribute to children displaying sexualized behavioural problems. Children might see their bodies as their only means of making a living/surviving.

5.3.3 THEME THREE

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Self-nurturing

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The following is the views of the social work participants with regard to self-nurturing amongst children in the middle childhood phase.

5.3.3.1 Self-nurturing

- Self-nurturing may serve a self-regulatory function. It makes children feel comfortable and safe. It creates a feeling of closeness and makes them feel comfortable with themselves. It creates a feeling of safety and it makes them feel that they 'belong' somewhere.

- According to relevant literature, behaviour is therefore associated with needs. Individual needs motivate behaviour. If this is kept in mind, it becomes clear that all behaviour has some motive, reason or goal (Grobler, Schenk & du Toit, 2003:59).

- The participants as social workers have a good understanding of self-nurturing. They share the same ideas and general explanations of 'self-nurturing' and the function thereof for children. They concluded that if a child did not receive enough nurturing they will seek for other ways to fulfil the gap this loss created for them.

5.3.3.2 The functions of self-nurturing for children in middle childhood

- Self-nurturing has the function of making children feel good when they experience discomfort. It was found that children who are exposed to new and uncertain situations (a children's home), may use self-nurturing to feel safe and to be in control of their new environment. This helps children to calm down and create an area in which they feel relaxed and with which they can associate. It serves the purpose of self-actualization and has a pacifying function.

- Children often make use of self-nurturing in order to deal with the trauma that they have been exposed to.

5.3.3.3 Healthy self-nurturing mechanisms

- Children who display healthy sexualised behaviour often use it as coping mechanisms for self-nurturing.

- Masturbation can be seen as a healthy self-nurturing mechanism when it is age appropriate and when the frequency and duration thereof can be viewed as developmentally appropriate in the middle childhood phase.

- Caring, relationships and the feeling of belonging also serve as functions of self-nurturing as these factors make the child feel more worthy and create a sense of belonging.

5.3.3.4 Unhealthy self-nurturing mechanisms

- In accordance with literature, masturbation was seen as one of the primary behaviours through which children can self-regulate. Masturbation seems to serve as a regulating function for children who have been traumatized. It becomes a way to canalise negative emotions (Mallants and Casteels, 2003). It was found that when this behaviour becomes obsessive or compulsive, then it can be seen as problematic.

- Substance abuse was not viewed as self-nurturing in nature by the participants. It can rather been seen as attention-seeking behaviours and should be regarded as a separate field. Other self-destructive behaviours, like 'cutting', were also viewed as being different from sexualized behaviour.

5.3.3.5 Addressing unhealthy self-nurturing mechanisms

- It became evident that there is a need for addressing healthy self-nurturing mechanisms. The participants agreed that unhealthy self-nurturing mechanisms should be addressed and that there are ways to address these types of behaviours. The researcher realized that there were already mechanisms that are being implemented in order to assist these children. In contrast to this, it was also mentioned by some of the participants that sometimes the behaviour escalates to such an extent, that intervention will not help.

- Although this is the view of some of the participants some authors refer to sexualized behaviour as a way to deal with the difficulties of trauma.

5.3.4 THEME FOUR

Middle Childhood

The following is the views of the social work participants about middle childhood as developmental phase.

5.3.4.1 Middle childhood as developmental phase

The researcher found that there were differing views amongst the participants with regard to the age groups that classify middle childhood:

- Middle childhood can be generally regarded as the period between the ages between seven(7)and thirteen (13).

- Middle childhood is the phase where children establish relationships with significant others in their lives, like friends and teachers.

- It is regarded as one of the phases in which children are afraid of rejection. It was also noted that physical touch is important and it is the period during which children should focus on having fun and enjoying life.

5.3.4.2 Needs of children in middle childhood

The needs of children in middle childhood were identified as:

- Receiving the correct information and facts about what is happening in the world is important in this phase. These children are curious and need the correct guidance.

- Relationships with significant others can be seen as an important need of children in this phase.

- Physical closeness was also communicated as an important need

5.3.4.3   The impact of trauma in this developmental phase

- The researcher experienced differing views with reference to the impact of trauma in this developmental phase. On the one hand there are the statements that trauma has the same impact throughout all the developmental stages, and it cannot be limited to one developmental phase as being the most influential phase. The general feeling, however, was that trauma has a more significant impact during this phase, than in other phases of the child's development.

5.4 RECOMMENDATIONS

Recommendations will be discussed under: Training for professionals and research.

5.4.1   Training for professionals

- Social workers need to be trained in sexualized behaviour and self-nurturing on a regular basis in order to understand the relationship between them. This training will help social workers to assist children who display unhealthy sexualized behaviours more effectively.

- Training can take place through:

  - Workshops

  - Training sessions for relevant role players

  - Incorporating sexualized behaviour into the training programme of teachers

- Well-trained social workers can inform the community about the needs of children in order to minimise the prevalence of sexualized behaviours. They can also inform the community about the ways children can be approached when they manifest with sexualized behaviour.

- Social workers should be the advocates for vulnerable children and be their voices in the community.

- Social workers need to work in collaboration with other relevant role-players, like nurses, religious leaders, psychologists, psychiatrists and teachers in order to facilitate change. Social workers should therefore be able to link these children to these relevant role players.

- Through training, social workers can learn the skills needed to promote capacity building amongst:

  - Teachers

  - Parents

  - Churches

  - Community members

5.4.2 Further research

- Social workers should stay proactive and continue to do research in the field of sexualized behaviour and self-nurturing. This will assist them in playing a continued and active role to promote change in the field of sexual behavioural problems by understanding more about the phenomenon. More research needs to be done in order to render services on primary, secondary and tertiary level.

- More research should be done about the South African context of sexualized behavioural problems and the function of self-nurturing because of the various cultures prevalent in the country. This has an impact on values and beliefs and more research needs to be done in order to understand the phenomenon. The research that had been done primarily focuses on studies done in other countries.

- Scientific articles need to be published in order to sensitize professionals.

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APPENDIX A: **Semi structured interview schedule**

RESEARCH TITLE:

The perceptions of social workers regarding the relationship between sexualised behaviour and self-nurturing amongst children in middle childhood.

THEMES FOR INTERVIEW SCHEDULE:

- **Theoretical understanding of the concept 'child sexual abuse'.**

- **Sexualized behaviour as a phenomenon and understanding the dynamics thereof.**

- **Perceptions regarding self-nurturing in relation to sexualized behaviours.**

- **A better understanding of middle childhood as developmental phase with reference to sexualized behaviours and self-nurturing.**

- **Views of social workers with regard to intervention with children in middle childhood experiencing unhealthy sexualized behaviours.**

APPENDIX B: Informed Assent and Declaration of Participation

2012-10-03

Social work participant's name: _____

Researcher:	Lizahne Greeff, MSD (Play therapy) student, University of Pretoria, South Africa.
Address:	P.O. Box 708, Steelpoort, 1133
Supervisor:	Prof. G.M. Spies, Department of Social Work and Criminology, University of Pretoria.
Title of study:	The perceptions of social workers regarding the relationship between sexualized behaviour and self-nurturing among children in middle childhood.
Purpose of the study:	The purpose of the research study was to explore the perceptions of social workers regarding the relationship between sexualized behaviour and self-nurturing among children in middle childhood.

Informed Assent and Declaration of Participation

I declare that I will voluntary participate in the research sessions that have been explained to me and that I will cooperate by sharing my experiences and be honest at all times.

I understand that the program is part of a research project and that my information will be treated confidentially and published anonymously for the research purposes. The publications will be made available to the University of Pretoria and the relevant Children's Homes.

It will be expected of me to do a once-off in-depth interview with the researcher.

There are no known emotional risks or discomforts associated with this research. I understand that the interview will be audio-taped for the purpose of the research only. The data gathered for the research, will be stored in a save place at the University of Pretoria for 15 years and then be it will be destroyed.

I agree to attend the once-off interview, yet I understand that my participation in the research is voluntary, and I am at liberty to withdraw from the research / interview at any time.

Signed at _____ on this _____ day of _____2011.

Signature: Participant _____   Signature: Researcher _____

LIST OF TABLES