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SEXUAL ABUSE AND THE IMPACT ON THE CHILD IN THE MIDDLE CHILDHOOD

2.1 INTRODUCTION

Child sexual abuse is not new to contemporary society. However, it remains a pressing social concern (Bromberg & Johnson, 2001:343; Fouché, 2001:15) and when it comes to light, the people directly involved are staggered. The sexual abuse of children is undoubtedly a traumatic experience (Van Rensburg & Barnard, 2005:1). It is prevalent all over the world, across cultural and societal boundaries (Laror, 2004:439; Back, Jackson, Fitzsgerald, Shaffer, Salstrom & Osman, 2003:1259; Tang, 2002:24), and has a remarkably injurious impact on human development (Ney, 1995:6; Berlinger, 2003:14).

In order to work in the field of child sexual abuse as a professional and more specifically as a forensic interviewer, it is imperative to have sound knowledge on the phenomenon of child sexual abuse (Carstens, 2006). Therefore, the purpose of this chapter is to address the nature and influence of child sexual abuse with specific reference to the forensic investigation process. The term "forensic interviewer" would be used, referring to the social worker conducting forensic assessment interviews.

2.2 DEFINING A CHILD

In South Africa the legal subjectivity of a natural person starts at birth (Davel, 2000:2). A child is defined as a person below the age of 18 years, Article 13(3); Child Care Act, 1983 (Act No. 74 of 1983) as amended; Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996).

In the context of this research, when referring to the child victim of sexual abuse, the researcher refers to persons under the age of 18 years with whom forensic interviewing mostly takes place.

2.3 CONSTITUTIONAL PROTECTION

Few professionals and laypersons would disagree that children have the right to be heard, the right to privacy and the right to be represented legally, or that children are persons and not property (Kruger & Spies, 2006:157). According to the current draft of the new Children's Bill (B70B-2003), it is required in terms of Section 6(2) that all proceedings, actions or decisions in a matter concerning a child must:

- respect, protect, promote and fulfil the child's rights as set out in the Bill of Rights;
- respect the child fairly and equitably;
- protect the child from unfair discrimination on any ground;
- recognise a child's need for development and to engage in play and other recreational activities appropriate to the child's age; and
- recognise a child's disability and create an enabling environment to respond to the special needs such a child has (Kruger & Spies, 2006:157).

The state has a constitutional duty to create legislative and policy protection of rights, and in this context the rights of children (Bekink & Brand, 2000:188). Examples of legislative effort to meet this obligation are the Child Care Act, 1983 (Act No. 74 of 1983), the new Children's Act, 2005 (Act No. 38 of 2005), the Domestic Violence Act, 1998 (Act No. 116 of 1998) and the Sexual Offences Act, 1957 (Act No. 23 of 1957) (Bekink & Brand, 2000:189).

Section 7 of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996) describes the Bill of Rights as "a cornerstone of democracy in South Africa, which enshrines the rights of all people in our country and affirms the democratic values of human dignity, equality and freedom".

Section 28 of the Bill of Rights in the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996), states:

> (1) Every child has the right -
> a) to a name and a nationality from birth;
> b) to family care or parental care, or to appropriate alternative care when removed from the family environment;
> c) to basic nutrition, shelter, basic healthcare services and social services;
> d) to be protected from maltreatment, neglect, abuse or degration…

By being sexually abused, children's human dignity is seriously violated (Kruger & Spies, 2006:170). The Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996), among other things, states that all children have the right to be protected from abuse [Section 28(1)(d)], and also the right to receive social worker services [Section 28(1)(c)]. The Children's Act, 2005 (Act No. 38 of 2005) which will take effect on 1 January 2007, prescribes specific strategies for child protection. In Section 106(4)(c) it is stated that designated child protection services should carry out investigation and assessments in cases of suspected abuse, neglect or abandonment of children. A structured forensic interview protocol for social workers is thus imperative. It is the opinion of the researcher that the alleged sexually abused child has the right to be protected from not only abuse and neglect, but also from unprofessional services. The child has the right to receive social work services from professionals and, specifically with regard to forensic interviewing, people who have the necessary knowledge, skills and objective attitude regarding child sexual abuse (Dutschke, 2007:11).

The term child sexual abuse will henceforth be defined.

2.4 CHILD SEXUAL ABUSE

In order to understand what child sexual abuse entails, it is necessary to define this phenomenon. Various definitions have existed over centuries and will be discussed.

2.4.1 Defining child sexual abuse

Definitions of sexual abuse vary across a number of dimensions. According to Collings (1995:323) these dimensions include:

- the age range that is used to define childhood;
- the range of behaviour that is regarded as being sexual;
- the criteria for defining behaviour as abusive; and
- the victim-perpetrator relationships which are regarded as being potentially abusive.

Professionals differ on the definition of child sexual abuse. In some definitions of child sexual abuse, the focus is on the developmentally immature child who does not fully comprehend sexual activities and is unable to give informed consent (Le Roux & Engelbrecht, 2000:344), while other definitions focus on the adults' advantage of authority and power over the child (Diaz & Manigat, 1999:141).

Sexual abuse is seen by Faller (1988:12) as any act for the sexual gratification of the perpetrator. The perpetrator must be at a more advanced developmental stage. Some researchers require a five-year age difference before operationally defining behaviour as abusive (Babiker & Herbert, 1998:232). When the perpetrator is a peer, emphasis is on whether the sexual activities are unwanted, exploitative, or can otherwise be distinguished from normal sexual curiosity (Fouché, 2001:17). It is also important to distinguish whether sexual behaviour that may be arousing for the perpetrator without being sexual to the victim is defined as child sexual abuse. The term "sexualised attention" has been used to define the grey area between clearly abusive and acceptable behaviour (Babiker & Herbert, 1998:232).

The frequently quoted definition of Jones (1992:1) states: "… the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, and are unable to give informed consent to and that violate the social taboos of family roles."

The *New Dictionary of Social Work* (1995:8) defines child abuse as follows: "Phenomenon that children are the victims of parents, guardians, caregivers, or other persons who wilfully cause them physical, psychological and emotional damage and may also sexually abuse them or allow others to abuse them sexually."

The definition of the National Centre on Child Abuse and Neglect is quoted by Crosson-Tower (1999:118) as "… any childhood sexual experience that interferes with or has the potential for interfering with a child's healthy development."

Sexual abuse is also defined as any activity with a child before the age of legal consent that is for the sexual gratification of an adult or a substantially older child (Johnson, 2004:462; Diaz & Manigat, 1999:141).

A definition provided by Ackard and Neumark-Sztainer (2002:456) states that the term "child sexual abuse" is an unwelcome sexual experience, which does not include incidents where penetration took place and where the deed was classified as rape. It is thus evident that the term "child sexual abuse" does not include the act of rape.

From these definitions the researcher concludes that child sexual abuse may be defined as any physical or non-physical contact between a child and another person, where the contact is of a sexual nature, and where the exploitation implies an inequality of power between the child and the abuser on the basis of age, physical size and/or the nature of the emotional relationship. The child although involved, is not developmentally mature enough to understand the meaning of the sexual interaction; and although involved, the child cannot give informed consent.

For the purposes of this research, the term "child sexual abuse" will refer to any behaviour and/or acts that have a sexual connotation, including rape and non-contact sexual acts like exposure to pornography and computer-facilitated sexual exploitation.

It is important that professionals who conduct forensic interviews are aware that the sexual victimisation of children does not only take place between one perpetrator and one child, but that it can occur in different circumstances. Hereafter, the different circumstances in which child sexual abuse may take place will be discussed.

2.4.2 Circumstances of child sexual abuse

Sexual acts with children can occur in a variety of circumstances:

2.4.2.1 Dyadic sexual abuse

A dyadic relationship is a situation involving one victim and one offender and is found the most common in child sexual abuse cases (La Fontaine, 1993:223).

2.4.2.2 Solo sex rings and syndicated (organised) sex rings

Organised abuse involves a number of children and adults, some of who may belong to the same family (Creighton, 1993:234). This is a well-structured organisation which recruits children for purposes of pornography and/or prostitution (La Fontaine, 1993:223). Solo sex rings are characterised by the involvement of multiple children in sexual activities with one adult, usually male (Collings, 2004:34; La Fontaine, 1993:223). It also often gives rise to multiple adults/multiple children and ultimately to syndicated sex rings.

Sex rings are generally organised by paedophiles (persons whose primary sexual orientation is to children). Victims are bribed or seduced into becoming part of the ring, although the paedophile may also employ existing members of the ring as recruiters (Collings, 2004:34).

2.4.2.3 Sexual exploitation and child pornography

The organised sexual exploitation of children is a worldwide phenomenon (Ireland, 1993:263) where children are used as child brides, for trafficking across national borders and child pornography with one main aim: the sexual gratification of adults. Child pornography is child sexual abuse on film or photograph (Hames, 1993:276), which include pictures of naked children. It can involve only one child, a group of children together engaging in sexual activity, or children and adults in sexual activity. It is important to note that even pictures that are not pornographic, and are not illegally obscene, e.g. a naked child in a nappy advertisement, can be very arousing to a paedophile.

2.4.2.4 Satanic ritual abuse

Satanic ritual abuse is the "extreme physical, psycho-emotional, sexual and spiritual torture of an individual – often a child – by an organised cult, which worships and serves Satan" (Jonker, 2001:34). Satanists want total dominance over their victims and often inflict unusually brutal, sadistic and humiliating types of sexual abuse (Jonker, 2001:30).

2.4.2.5 Computer-facilitated child sexual exploitation

Computer-facilitated child sexual exploitation has become a pervasive crime (Allinch & Kreston, 2001). The Internet and cell phones offer new avenues to paedophiles and other sexual predators for enticing victims (Bezuidenhout & Campher, 2006:23). Computer-facilitated child sexual exploitation is characterised by the following three primary activities (Maree & Van der Merwe, 1999:61; Haupt, 2001:21):

- On-line arrangements for the exchange, sale or purchase of child pornography.

- Arrangements between adults seeking sexual access to children and adults willing to provide and/or trade children for sexual purposes.
- Adults who are seeking sexual contact with children establish "friendships" with children on-line. These friendships then lead to face-to-face meetings and ultimately to sexual exploitation of the child. Examples of exploitation of a child include when a perpetrator may establish contact with the child over the Internet, send the child a piece of clothing and ask the child to put it on and send a picture to him (Astrowsky & Kreston, 2001).

It is the opinion of the researcher that forensic interviewers must be aware that sexual abuse of children does not always only involve one perpetrator and one child. Their interview protocol must also include questions to determine who were present when the sexual abuse occurred, whether "anything else" happened than were disclosed, if "anyone else" has also done the same, and if the child knows anyone who has also been victimised.

2.4.3 Types of sexual abuse

From the literature, it is clear that child sexual abuse occurs in different ways and in different areas. This implies that there are different types of sexual abuse (Homeyer, 1999:2; Faller, 1988:12; Swanepoel, 1994:60). Sexual abuse takes place in two different areas: in the family (familial sexual abuse/incest) and outside the family (non-familial sexual abuse) (Spies, 2006:3).

Child sexual abuse can be a sexual activity through sexual contact with the child, which is also called touching sexual abuse. It can also be a sexual activity without sexual contact with the child or known as non-touching sexual abuse, but with sexual intention, which would then constitute sexual abuse (Carstens, 2002:23). The nature of the sexual contact may either be direct contact or indirect contact.

The following table illustrates the two types of sexual abuse:

Table 2.1: Types of sexual abuse

DIRECT	INDIRECT
• Touching the child's intimate parts (genitals, buttocks, breasts). • Inducing the child to touch his/her intimate parts. • Rubbing genitals against the victim's body or clothing. • Placing finger(s) in child's vagina or anus. • Penetration – anal, vaginal or oral (digital penetration). • Offender inducing child to place finger(s) in offender's vagina or anus. • Placing an instrument in child's vagina or anus. • Inducing the child to place an instrument in offender's vagina or anus. • Tongue kissing. • Breast sucking, kissing, licking, biting. • Cunnilingus (licking, kissing, sucking, biting the vagina or placing the tongue in the vaginal opening). • Fellatio (licking, kissing, sucking, biting the penis). • Anilingus (licking, kissing the anal opening). • Vaginal and anal intercourse with animals.	• Making sexual comments to the child. • Exposing intimate parts to the child, sometimes accompanied by masturbation. • Forcing the child to view sexual anatomy. • Showing the child pornographic materials such as pictures, books, movies, graphic sex pictures or messages on cell phone. • Using a child in the production of pornography. • Encouraging two children to have sex together. • Exposing the child to pornographic materials. • Inducing the child to undress and/or masturbate self. • Voyeurism (peeping). • Sexual exploitation over the Internet or cell phone. • Forcing or encouraging a child to do sexual acts with animals or any object.

(Bromberg & Johnson, 2001:343; Johnson, 2004:462; Jones, 1992:1-2; Faller, 1988:12-16).

Non-physical contact does not imply that no emotional harm was done to the child (Fouché, 2001:18). The child is still not emotionally or physically ready for the situation or the sexual nature of the actions.

The researcher is of the opinion that forensic interviewers must be aware that perpetrators may use indirect methods to sexually abuse children. If the interviewer does not accommodate this during his/her interview protocol, the outcome of the investigation where indirect methods were used would be that no sexual abuse occurred, which may have serious implications for the child concerned. The interviewer must thus not only focus on touching behaviour, but his/her interview protocol must make provision for play-related communication techniques which may facilitate a disclosure of contact and non-contact sexual abuse.

2.5 LEGAL DEFINITIONS

The general terms used to describe acts against children are "child sexual abuse", "sexual molestation" and "child molestation" (Pienaar, 2000:20). It must be stated that crimes such as sexual molestation, child sexual abuse and child molestation do not exist as such. Legal definitions of child sexual abuse vary from country to country. In South Africa the law offers specific protection for children (Lawrence & Janse van Rensburg, 2006:127). In this regard reference can be made to common-law and statutory law.

2.5.1 Common-law crimes

There are a number of offences relating to children which an abuser may be charged with, namely: common assault, assault with intent to cause grievous bodily harm, assault with intent to murder and culpable homicide, or murder in the event of the child having died as a result of abuse (Lawrence & Janse van Rensburg, 2006:129-132). With reference to sexual abuse, the common-law crimes of indecent assault, rape and incest are relevant (Lawrence & Janse van Rensburg, 2006:129-132) and will be discussed for the purposes of this study.

2.5.1.1 Rape

The definition for rape before 16 December 2007, consisted of a male having unlawful and intentional sexual intercourse with a female without her consent (Snyman, 2002:445). After a thorough investigation into the sexual offences by the South African Law Commission (*Report on Sexual Offences*, 2002:37) and the release of *Discussion Paper 85,* followed by *Discussion Paper 102* (Majokweni, 2002:13) the Sexual Offences Act has changed with effect from 16 December 2007.

According to the Sexual Offences and Related Matters Amendment Act, 2007 (Act No. 32 of 2007) the new definition, which is gender neutral, reads as follows

> Any person ("A"), who unlawfully and intentionally commits an act of sexual penetration with a complainant ("B") without the consent of the complainant ("B"), is guilty of the offence of rape.

Sexual penetration included any act which causes penetration to any extent whatsoever by:

a) the genital organs of one person into or beyond the genital organs, anus or mouth of another person;
b) any other part of the body of one person or any object, including any part of the body of an animal, into or beyond the genital organs or anus of another person; or
c) the genital organs of an animal, into or beyond the mouth of another person.

The researcher is of the opinion that it is not the task of the social worker conducting forensic interviews to classify the child's account as rape, indecent assault or incest. The interviewer should rather describe the sexual behaviour from the child's point of view as the child has verbalised it. It is the task of the investigation officer and the state prosecutor to charge the alleged perpetrator, and the duty of the court to make a finding with regard to the verdict of the case.

2.5.1.2 Sexual assault

The definition for Sexual assault (before 16 December 2007 known as indecent assault) according to the Sexual Offences and Related Matters Amendment Act, 2007 (Act No. 32 of 2007) reads as follows:

> Any person ("A") who unlawfully and intentionally sexually violates a complainant "("B") without the consent of ("B") is guilty of the offence of sexual assault.

2.5.1.3 "Sodomy"

Sodomy used to be defined as unlawful and intentional sexual intercourse *per anum* between human males (Pienaar, 2000:20). In the *National Coalition for Gay and Lesbian Equality v The Minister of Justice* [1988(2) SACR 577 (CC)] the Constitutional Court declared that the crime of sodomy is unconstitutional (Lawrence & Janse van Rensburg, 2006:132) as the nature of the crime is inconsistent with the constitutional rights related to equality, dignity and privacy. Non-consensual intercourse *per anum* will be according to the Sexual Offences and Related Matters Amendment Act, 2007 (Act No. 32 of 2007) considered as rape.

2.5.1.4 Incest

Incest consists of the unlawful and intentional sexual intercourse between a male and female person who are prohibited from marrying each other, because they are related within prohibited degrees of consanguinity, affinity or adoptive relationship (Snyman, 2002:355; Lawrence & Janse van Rensburg, 2006:132).
Section 20(4) of the Child Care Act, 1983 (Act No. 74 of 1983) prohibits an adoptive parent from marrying his/her adopted child, and sexual intercourse between them will therefore constitute incest. Four types of incest are discussed by Spies (2006:5-10), namely: father-daughter incest, sibling incest, mother-son incest, and incest involving extended family members.

2.6 REPORTING OF CRIMES AGAINST CHILDREN

2.6.1 Obligation to report crimes against children

The Prevention of Family Violence Act, 1993 (Act No. 133 of 1993), especially Section 4, states the obligation to report ill treatment of children to police officials, commissioners of children's courts, or social workers. According to policy re-enforced by the Department of Social Services professionals must report all cases of child sexual abuse to their regional offices, which will be reflected on the National Child Protection Register (Alberts, 2007). However this does not force community members like neighbours to report abuse. The Sexual Offences and Related Matters Amendment Act, 2007 (Act No. 32 of 2007) which took effect on 16 December 2007 created a duty to report sexual offences committed with or against children or persons who are mentally disabled.

It is the experience of the researcher that many social workers and psychologists working in private practice in the Vaal Triangle, Gauteng, are hesitant to take on cases of child sexual abuse as they fear testifying in a criminal court. There is also confusion when a case of child sexual abuse must be reported to the South African Police Service. According to a regional court prosecutor of the sexual offences in Sebokeng (Venter, 2006), professionals must report all cases of child abuse and neglect either to a welfare organisation or by means of an affidavit at a local police station.

2.7 INCIDENCE AND PREVALENCE OF CHILD SEXUAL ABUSE

2.7.1 International statistics

Research shows 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 to prevent and combat crimes against children was identified in 1986 (Pienaar, 2000:19). Currently it is the belief among professionals (Le Roux & Engelbrecht,

2000:344) that the number of child abuse and neglect cases reported to authorities and welfare organisations underestimates the actual cases.

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 in the United States of America (Diaz & Manigat, 1999:141) 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 9 years and 6 months.

Research conducted by Jones and Finkelhor (2001:4) found that there has been a decrease in reported and substantiated cases of child sexual abuse. However, the reasons for the decline are not clear and could be due to the decrease of actual incidents of child sexual abuse, a change in reporting behaviour and/or policy and programme changes within child protection services (Jones & Finkelhor, 2001:4).

It is indicated by Bromberg and Johnson (2001:344) that 28% of women who were raped during childhood never disclosed their sexual victimisation to anyone prior to participation to their study. It was found by Finkelhor (1993:69) that boys were more reluctant to disclose instances of sexual victimisation than girls, presumably because of the stigma attached to such experiences. The researcher experienced in her practice that many adult survivors of child sexual abuse would only disclose the abuse when they seek help for marital problems.

There are several reasons why all instances of abuse are not recognised or reported (Johnson, 2004:462; La Fontaine, 1990:77):

- Young or handicapped children may not have adequate communication skills to report an event or provide details.
- A child may not recognise an action as improper.
- Children and adults may forget or repress unpleasant memories or co-operate with demands for secrecy.
- Countries with limited economic resources may not be able to manage all reports of suspected child sexual abuse or to collect and report data.

- Cultural issues pertaining to sexuality may hinder people to report abusive acts.
- Policy and programme changes within child protection services.

It is the opinion of the researcher that due to the poor conviction rates in the criminal courts (Venter, 2006) and the investigation process, more community members and even professionals do not report the offences.

The prevalence of child sexual abuse internationally has been discussed and hereafter the researcher will focus on statistics in South Africa and specifically in the Vaal Triangle in the Gauteng province.

2.7.2 South Africa: National, provincial and regional statistics

As in all contexts, it is difficult to obtain accurate figures on child abuse in South Africa due to conspiracy and the silence that surrounds violence against children (Vermeulen & Fouché, 2006:14).

According to Cawood (2004) 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.

Vermeulen and Fouché (2006:20) conducted a study of girls under the age of 18 years who had been sexually abused in South Africa. The perpetrator was in:

- 14.8% of cases the own parent;
- 8.3% of cases either a stepparent or the lover 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; and in
- 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 indeed the perpetrator, or the child was too young to identify the offender (Vermeulen & Fouché, 2006:20).

National, provincial and regional statistics of sexual crimes in South Africa for the period 2001/2002 to 2004/2005 are indicated in table 2.2:

Table 2.2: Sexual crimes (adults and children) in South Africa for the period 2001/2002 to 2004/2005

CRIME CATEGORY	APRIL TO MARCH											
	2001/2002			2002/2003			2003/2004			2004/2005		
	RSA total	Gauteng	Vaalrand	RSA total	Gauteng	Vaalrand	RSA total	Gauteng	Vaalrand	RSA total	Gauteng	Vaalrand
Rape	54 293	12 576	1 694	52 425	12 091	1 657	52 733	11 926	1 594	55 114	11 923	1 653
Indecent assault	7 683	1 655	191	8 815	1 833	169	9 302	1 960	194	10 123	2 007	219
Abduction	3 132	902	152	4 210	1 448	199	4 044	1 560	199	3 880	1 325	144
Neglect and ill-treatment of children	2 648	499	48	4 798	1 033	91	6 504	1 560	95	5 568	1 325	84

(South African Police Service, 2005)

Reported sexual crimes committed against children for the period 1994 to 1998 are indicated below:

Table 2.3: Crimes against children

CRIMES (children <18 yrs)	1994	1995	1996	1997	1998
Rape	7 559	10 037	13 859	14 723	15 732
Sodomy	491	660	839	841	739
Incest	156	221	253	224	185
Indecent assault	3 904	4 044	4 168	3 902	3 744
Act No. 23 of 1957 (Sexual Offences)	1 094	1 121	1 160	904	804
TOTAL	13 204	16 083	20 333	20 594	21 204

(Pienaar, 2000:22).

From the statistics above, the researcher concludes that despite all the educational talks and pro-active outreaches, a slight increase in reported sexual crimes against children is seen every year.

2.7.3 Vaalrand area

The researcher has been working with victims of child sexual abuse in the Vaalrand area for the last ten years. The Vaalrand area is one of seven areas in the province of Gauteng. Research at the former Family Violence, Sexual Offences and Child Protection unit (FCS) for the period May to December 1999 (see table 2.4) concluded that more sexual abuse crimes against girls than boys were reported. It also indicated that more cases of Black children are reported, followed by White, Coloured and Indian children (South African Police Service. 1999b). The average age of girls reported to the child protection unit during this period was 9 years (South African Police Service, 1999b). In her practice the researcher still experiences that the most reported cases are girls in the middle childhood.

Table 2.4 Reported cases of crimes against children in the Vaalrand area for the period May to December 1999

1999 MONTH	GIRLS				BOYS				TOTAL
	White	Black	Coloured	Indian	White	Black	Coloured	Indian	
May	6	41	0	0	1	1	0	0	49
June	1	48	0	0	0	3	0	0	52
July	2	37	0	0	1	0	0	0	40
August	4	73	1	0	1	3	0	0	82
September	11	64	2	0	9	0	0	0	86
October	16	69	7	0	1	2	0	0	95
November	8	53	5	0	3	3	1	1	74
December	5	68	0	0	4	1	0	0	78
TOTAL	53	453	15	0	20	13	1	1	556

(South African Police Service, 1999b).

Due to the fact that more cases of girls in the middle childhood are reported, the researcher decided to focus this study on girls in the middle childhood who can speak Afrikaans or English.

During the period June 2000 to February 2001, 134 rape cases of victims under the age of 21 years were analysed by the Vaalrand Crime Intelligence (South African Police Service, 2001) to determine when and where these crimes usually occur, and who is mostly responsible for these crimes. It was found that 50% of rape occurred from Friday to Sunday. In 78% of the cases physical force was used and 63% of the perpetrators were known to the victims (acquaintance 50%; family 7%; boyfriend 4%; ex-boyfriend 2%).

From the research above it is clear that the child mostly knows the offender. It is the opinion of the researcher that during prevention programmes children are taught not to talk to strangers or get into strangers' cars. However, they go home where the most horrendous crime could be committed in their "safe haven".

In order to conduct objective and effective forensic interviews, the professional concerned should be able to identify dynamics occurring in the specific case and therefore the dynamics of child sexual abuse will be discussed.

2.8 DYNAMICS IN THE FIELD OF CHILD SEXUAL ABUSE

The phenomenon of child sexual abuse is marked by many dynamics, which make work in this field challenging. Dynamics include the disclosure process, grooming of children, false allegations and the Stockholm syndrome.

2.8.1 Disclosure of child sexual abuse

Children are understandably reluctant to disclose information about abuse (Cronch, *et al.,* 2006:196). In a perfect world, when a child discloses sexual abuse, he/she would be believed, protected and assured that it was not his/her fault. The child would be given counselling and the perpetrator would be taken to task (Fouché, 2006:211). This, unfortunately, is not always the case as the researcher experienced that children are often not believed after disclosure of sexual abuse, but blamed for the consequences of the disclosure.

A study reported by Babiker and Herbert (1998:232) revealed that 44% of psychiatric patients had not revealed their abuse to anyone prior to undergoing therapy. Research conducted in the United States of America revealed that 29% of the girls in the study who were sexually abused, never told anyone about the incident (Diaz & Manigat, 1999:142). Research conducted by Sauzier (1989:455) with 156 sexually abused children reported to a family crisis programme, revealed that only 24% told someone within one week, 21% disclosed within one year, 17% disclosed after one year and 39% never disclosed. Children may disclose the fact that they have been sexually abused at many different points in their lives. Historically, it is probable that the majority of victims do not tell anyone about their experience (Jones, 1992:2). The researcher experienced that children are

understandably reluctant to disclose information, as it is a very private, embarrassing and shameful topic to discuss.

Research conducted by Keary and Fitzpatrick (1994:543) over a period of twelve months with 251 children referred to a child sexual abuse assessment unit for possible sexual abuse, revealed the following:

- There was a strong positive correlation between having previously told someone about sexual abuse and disclosure of such abuse during formal investigation.
- There was also a strong positive correlation between not having previously told someone and not disclosing during formal investigation.
- Children younger than 5 years old are least likely to disclose abuse during formal investigation, irrespective of whether they had previously told someone about abuse.

2.8.1.1 Factors which influence the disclosure process

Children may not tell about the alleged sexual abuse due to numerous reasons:

- **Age**

  Developmental factors, particularly cognitive limitations, may inhibit disclosure in young children (Keary & Fitzpatrick, 1994:546). Data were obtained from 218 alleged sexually abused victims in the United States of America whose cases had been referred to the District Attorney's Office (Goodman-Brown *et al.,* 2003:525). The aim of the research was to determine reasons for delay between victimisation and disclosure. The research confirmed that fear of negative consequences to others was more influential for older than younger children with regard to the length of time it took them to disclose. Hershkowitz, Horowitz and Lamb (2005:1210) conducted a study in Israel with 26 446 children between the ages 3 and 14 years. The aim was to identify characteristics of suspected child abuse victims which are associated with disclosure and non-disclosure during

formal investigations. They found that disclosure increased as children grew older. When questioned, 50 children between the ages of 3 and 6 years old; 67 children between the ages of 7 and 10 years old; and 74 children between 11 and 14 years old, disclosed abuse. It is the opinion of the researcher that school-aged children are more likely to disclose the abuse during a formal investigation, taking in consideration their home circumstances.

- **Gender**

  In the study by Goodman-Brown *et al.* (2003:525) gender was unrelated to time to disclosure. However, the researcher stated that because all boys in their sample had disclosed, it is not representative of the larger population of male child abuse victims. The research conducted by Hershkowitz *et al.* (2005:1203) showed that, in general, boys (62.9%) were slightly less likely than girls (66.8%) to make a disclosure when interviewed.

- **Relationship with the perpetrator**

  Many children do not disclose, because they want to protect the perpetrator (Hershkowitz, *et al.,* 2006:756). In their research Goodman-Brown *et al*. (2003:525) found that children whose abuse was intrafamilial took longer to disclose their abuse than did children whose abuse was extrafamilial. The research conducted by Hershkowitz *et al.* (2005:1203) found that children who were interviewed made dramatically varied allegations, depending on the relationship between the children and the suspects. Children were more likely to make allegations when the suspect was not a parent or parent figure. In a study done by Roesler and Wind (1994:336), 286 women described their disclosures of incest; 64% never disclosed their abuse until adulthood. Their reasons for not disclosing included feelings of loyalty to the offender. The researcher is of the opinion that if the father is the perpetrator, the child will most likely disclose the abuse if the mother is supporting the child, if the mother is not totally dependant on the perpetrator, and if the child has a strong bond with the mother.

- **Negative consequences to self and others**

  An important factor that may inhibit children's willingness to reveal abuse may be their fear for negative consequences for themselves (Alaggia & Turton, 2005:95; Potgieter, 2001:39) and family (Sauzier, 1989:468), specifically when they are yielding to requests for secrecy (Carstens & Fouché, 2006:6; Hershkowitz *et al.,* 2006:757), or due to threats posed to them. It is confirmed by Goodman-Brown *et al.* (2003:526) during their study that children will often weigh the consequences of their actions for themselves and others prior to disclosing. However, Goodman-Brown *et al.* (2003:527) also state that children often report the sexual abuse out of concern for others, such as fear that a sibling will also fall victim of the same abuse.

- **Children's perception of responsibility**

  Embarrassment and shame to disclose their involvement in a taboo topic, namely sex with an adult (Cronch *et al.,* 2006:196), and assuming some responsibility or blame for the happenings (Hershkowitz *et al.,* 2006:758) are commonly found in older children. It was also found by Goodman-Brown *et al.* (2003:527) that children would be less likely to disclose quickly if they felt responsible for the abuse. Older children were more likely to feel that they had some responsibility for the incidents and argued that they could have escaped or ended the abuse (Goodman-Brown *et al.,* 2003:528). In their research Roesler and Wind (1994:337) found that 33% of children stated that they never disclosed their victimisation due to shame and self-blame. According to Wieland (1997:39) children become accustomed to meet the needs of the perpetrators, who are mostly adults. It is the opinion of the researcher that if disclosure is made, the child has to take the responsibility for the effect of disclosure on him/her, the perpetrator and the family. With the decision not to disclose, the child takes the responsibility for being abused further.

2.8.1.2 Non-supportive disclosure

Non-supportive disclosure in child sexual abuse occurs when a confidant fails to take appropriate protective action, does not believe the child's account and/or blames the child for the abuse (Collings, 2005:13). A literature review (Bolen, 2002:41) indicated that approximately 25% of non-offending guardians react to disclosure in a non-supportive manner, 31% in a partially supportive manner, and only 44% in a fully supportive manner. Findings from two qualitative studies (Alaggia & Turton, 2005:95) revealed that mothers who were abused in non-physical ways, displayed less supportive responses towards incest victims than those that were victims of physical abuse. The last group was also more willing to separate from the perpetrator. The researcher experienced that denial often follows where disbelief in the child occurs. The child will be questioned by the mother or guardian to "make sure" that he/she is telling the truth, resulting in the child feeling guiltier about his/her contribution and maybe regretting the disclosure. However, the opposite also occurs, especially among mothers who feel guilty and blame themselves for not knowing about the abuse beforehand.

Elliot and Briere (1994:265) classified 399 allegedly sexually abused children between the ages of 8 and 15 into the following six groups:

- Disclosing: credible – Subjects who reported sexual abuse and whose report of abuse was considered credible.
- Disclosing: partial – Children whose statements were considered partially credible.
- Non-disclosing evidence – Individuals who at no time had made a disclosure of sexual abuse, but for whom there was external evidence.
- Non-disclosing recanted – Individuals who had previously given a disclosure of sexual abuse and later recanted their statements, and for whom there was external evidence of abuse.
- Non-abused – If there was no external evidence indicative of sexual abuse and if they either made a credible denial of sexual abuse or made a non-credible disclosure of abuse that was later recanted.

- Unclear – No determination regarding sexual abuse could be made. There was no external evidence of abuse in any of these cases and all subjects in this group gave a non-credible disclosure or denial of abuse.

Two important findings were made in the research above (Elliot & Briere, 1994:265):

- More supportive mothers were found with these children who had disclosed their abuse. Non-disclosing children are more likely to have mothers who do not believe them.
- A higher rate of developmentally delayed children and neglected children in the group classified as disclosing: partial. Children with cognitive handicaps and children from neglectful environments were more likely to be judged as having made less than completely credible statements (Elliot & Briere, 1994:265).

2.8.1.3 Disclosure process

Sorenson and Snow (1991:3) describe disclosure of sexual abuse as a process with definable phases and characteristics, and not as a single event. An understanding of how and under what circumstances a child discloses sexual abuse is critical. Certain characteristics are considered part of the disclosure process by Sorenson and Snow (1991:5). These characteristics are:

- Denial – Defined as the child's initial statement to any individual that she/he has not been sexually abused. This has been identified as a frequent response when the child is feeling too threatened, frightened or insecure to acknowledge the abuse.
- Recantation – Referring to the child's retraction of a previous allegation of abuse that was formally made and maintained over a period of time. This occurs when children are pressurised by family, the offender or court procedures.

- Reaffirmation – The child's reassertion of the validity of a previous statement of sexual abuse that has been recanted.

Two types of disclosure have been identified by Sorenson and Snow (1991:10):

- Accidental disclosure – Revealed by chance rather than a deliberate effort on the victim's part.
- Purposeful disclosure – When a child decides to tell an outsider.

Disclosure can be described as taking place in two parts:

- Tentative disclosure – Refers to the child's partial, vague acknowledgement of sexually abusive activity.
- Active disclosure – Indicates a personal admission by the child of having experienced a specific sexually abusive activity.

The occurrence of recantations, no matter how small, is still cause for exploration and concern (Ney, 1995:27). The London Child Witness Project conducted by the London Family Court Clinic received 221 referrals between 1988 and 1990. Of the 147 referrals which were evaluated, only 4 (less than 2%) recanted their original disclosure (Ney, 1995:27).

A study by Malloy, Lyon, Jodi and Quas (2007:162) randomly selected 257 files from all substantiated cases resulting in a dependency court filing between 1999 and 2000. Recantation was scored across formal and informal interviews. A 23.1% recantation rate was observed. They found that abuse victims who were more vulnerable to familial influences, like those abused by a parent figure and who lacked support from the non-offending caregiver, were more likely to recant.

It is the researcher's experience that children who recant, tend to portray avoiding behaviour during interviews. They become very defensive about the alleged perpetrator. They tend to:

- tell only good things about the alleged perpetrator and cannot identify any negative or annoying feature of the alleged perpetrator;
- minimalise the perpetrator's behaviour;
- take responsibility for the happenings;
- blame themselves for misinterpreting the behaviour of the perpetrator; and
- just want their lives to go back to normal, especially those that were removed from their parents.

On the basis of the literature and the researcher's experience, it is apparent that a child will not inevitably disclose immediately after the abuse took place, or that a retraction of a sexual abuse allegation means either that the allegation was true or that it was false. Nonetheless, it is a sign that something is wrong in the child's life, be it sexual abuse, dysfunction within the child's family, or something amiss in the child's life outside the home. A complete investigation must be conducted to determine the nature of and motive for the recantation. It is important that the interviewer does not try to facilitate a disclosure in the first session, as it is evident that many children do not disclose in the first interview. Building a trusting relationship which is appropriate for the age of the child is thus imperative.

2.8.1.4 Child abuse accommodation syndrome

The child abuse accommodation syndrome (Summit, 1983:229) is described by Paine and Hansen (2002) as a stage-based model. The child abuse accommodation syndrome has five components, namely: secrecy; helplessness; entrapment and accommodation; delayed unconvincing disclosure; and retraction. The researcher is of the opinion that once professionals understand this process, they will find forensic interviewing more understandable.

- **Secrecy**

  Due to sexual abuse occurring mostly when the child and adult is alone, irrespective of how the child is warned to maintain the secret, secrecy inherently conveys to the child that the abuse is something bad and

dangerous. The message that the child receives is: "Maintaining a lie to keep the secret is the ultimate virtue, while telling the truth would be the greatest sin" (Summit, 1983:231).

- **Helplessness**

  The expectation of others that children will self-protect and immediately disclose, "ignores the basic subordination and helplessness of children within authoritarian relationships" (Summit, 1983:232).

- **Entrapment and accommodation**

  Faced with a seemingly inescapable situation in which the child feels helpless, learning to accommodate to the sexual abuse is the only healthy alternative available (Summit, 1983:234).

- **Delayed unconvincing disclosure**

  Many victims of ongoing abuse never disclose their victimisation (Summit, 1983:235) and when they eventually do, the delayed and conflicted manner in which victims disclose casts doubt on their credibility.

- **Retraction**

  During the aftermath of disclosure, the child's anticipated fears regarding disclosure often become reality. Faced with other's disbelief, lack of support and the upheaval following disclosure, the child may retract the allegation of abuse in an attempt to undo the damage and restore equilibrium (Summit, 1983:235).

2.8.2 The grooming process

The process of grooming involves techniques designed to lower the inhibitions of victims in order to exploit them sexually (Brown, 2001). Sexual abuse within or outside a family context often starts with a grooming process (Carstens & Fouché, 2006:3; Potgieter, 2001:37), which leads to a particular type of sexual relationship between the perpetrator and the victim. According to Potgieter (2001:37) the child

victim is left powerless and due to the grooming process, may react in one of the following ways during forensic interviewing (Wieland, 1997:35):

- Bowing the head.
- Bowing the shoulders.
- Shying away from the questions.

From experience with both victims and perpetrators, the researcher concludes that the perpetrator is misusing a child's vulnerability and willingness to please. The child feels guilty for being him-/herself, resulting in doubting the self, which also causes powerlessness.

It is important that professionals know how a perpetrator selects his/her victim.

2.8.2.1 Perpetrator's selection of victims and modus operandi

Research was conducted with a group of perpetrators, aged 41 years on average, who were in treatment, special hospitals, on probation, or in jail when interviewed (Elliot, Browne & Kilcoyne,1995:279). The findings were as follows (Elliot *et al.,* 1995:275):

Of the group of perpetrators:

- 48% were married;
- 93 % had child victims only;
- 58% targeted girls only;
- 57% attempted or completed intercourse; and
- 8% had murdered a child.

The children targeted:

- were pretty (42%);
- young or small (17%);

- innocent and trusting (13%); and
- children who lacked confidence and self-esteem (49%).

Primarily they found the children:

- in public places frequented by children (35%); or
- in the child's home (33%).

The abuse took place:

- in the perpetrator's home (61%); and
- the child's home (49%).

To gain trust, the perpetrators used:

- play (53%);
- babysitting (48%);
- bribes (46%); and
- affection, understanding and love (30%).

Sexual abuse began with:

- genital touching and kissing (40%);
- asking the child to undress or lie down (32%); or
- sex talk (28%).

The perpetrators described techniques used to maintain the relationship and to disinhibit the child through the use of:

- drugs;
- alcohol; or
- pornography.

In a study of 72 adult male inmates incarcerated for child sexual abuse, subjects identified a preference for abusing their own children and/or choosing "passive, troubled, lonely children from single-parent or broken homes" (Budin & Johnson, 1989:79). It also happens frequently that the perpetrator would also establish a

trusting relationship with the victim's family (Elliot & Briere, 1994:275), allowing the perpetrator easier access to and control of the child.

During a study reported by Lang and Frenzel (1988), interviews with 52 incest and 50 paedophilic offenders under sentence were conducted with regard to verbal and nonverbal strategies used to sexually seduce children. Sixty one percent (61%) of incest offenders and 58% of paedophilic offenders confided that they felt powerful and in control when sexually abusing children. In each group, one third of the perpetrators relied on some element of gratuitous violence, e.g. grabbing, shoving, pushing or spanking to force compliance from unwilling children. The subjects either pretended or believed that the children enjoyed sexual activity with them and exhibited stereotypical thinking about sex with children (Lang & Frenzel, 1988).

Research conducted by Lecrerc, Proulx and Mckibben (2005:189) included 23 men, both English and French speaking, who had committed at least one official sexual offence against a child or a teen. The *Modus Operandi Questionnaire* was used for this study showing the following results (Lecrerc *et al.,* 2005:189):

- Almost all of the offenders spent a lot of time with their victims and gave them a lot of attention (95.6%).
- More than half of the subjects made the victims feel special and verbalised their affection, telling them personal things, treating them like adults, tricking them into feeling safe with the offenders, playing with them and doing things that the children enjoyed.
- All offenders had paid non-sexual attention to their victims.
- 95.6% of them had touched their victims non-sexually.
- 82.6% of subjects increasingly touched their victims sexually from one time to the next.

Strategies employed to gain the compliance of victims are reported by Paine and Hansen (2002) and include:

- withdrawal and inducements of attention, material goods and privileges;
- misrepresentations of society's morals and standards and/or the abusive acts; and
- externalisation of responsibility for the abuse onto the victim.

Items that may be used by perpetrators during grooming of the child include the following (Brown, 2001; Lecrerc *et al.,* 2005:188):

- Adult and child pornography – Used to lower a victim's inhibitions about sex and nudity.
- Adult or child erotica – The same use as pornography.
- Photographs of children in underwear or suggestive poses – Used as initial grooming device.
- Photography equipment – Many molesters first take regular photos of victims to get them used to being in front of the camera.
- Toys, like Barbie™ dolls and Pokemon™ cards may be used to gain credibility and build rapport with a child victim.
- Alcohol and drugs.

Due to the taboo regarding child sexual abuse, it is the opinion of the researcher that much is still unknown regarding the manner in which children are selected and groomed. The researcher is the co-facilitator at local correctional services where a sexual offender programme is offered to offenders on parole or under correctional services. It is the opinion of the researcher after three years of experience with sexual offenders against children, that they would hardly tell the whole truth due to the stigmatisation and fear of rejection of another adult.

The researcher concludes that perpetrators find vulnerable children on playgrounds, at family events and near the perpetrator's home. They claim to prefer seduction and gaining trust over coercion by becoming the children's friends, playing games with them and offering them gifts ranging from money and toys to beer and cigarettes, which result in the children feeling responsible for the acts due to compliance.

2.8.2.2 Phases in the grooming process

There are definite phases in a grooming process. According to Carstens and Fouché (2006:4) the following seven phases could be identified from experience with more than 800 sexually abused children:

- Building trust.
- Favouritism.
- Alienation.
- Secrecy.
- Boundary violation.
- Evaluation/testing.
- Investment.

In practice the researcher experienced that the chemistry necessary for abuse to occur within the family starts early; long before the child is actually sexually abused. In intrafamilial sexual abuse, various family patterns occur. It may happen that the child and future abuser are emotionally close. Gradually the abuser sexualises the contact between them (grooming), yet misusing the child. In other situations the abuser's relationship with the child may be hostile or rejecting months or years before the sexual aggression starts.

The researcher's experience with children from rural areas in South Africa indicated a type of "grab and rape" (Fouché, 2001:43) occurrence. This form of abuse is not preceded by a grooming process. Children report that the perpetrator would call them into a "shack" (hut), separate room or long grass. The perpetrator would then grab them, rip their clothes off, rape them and threaten them with death or punishment if they disclose, and then chase them away. Many of these children could not even identify the house where it happened and are scared to disclose due to the consequences and threats. These victims are discovered due to accidental disclosure, e.g. blood stains on their underwear, infection and pregnancies.

In order to be objective, it is imperative to evaluate every allegation with caution and be aware that false allegations, although rare, do occur.

2.8.3 False allegations

Historically, it has been said that young children are incapable of lying, because this act requires a level of cognitive sophistication beyond the capability of the young child (Ceci & Bruck, 1995:262). A strong opinion against the possibility of a child lying about sexual abuse was expressed by Faller (1984:473). It is further stressed (Faller, 1984:473) that an allegation of incest has serious implications not only for the child, but also for the mother and the father, resulting in the victims rather denying the occurrence of it, than lying about it. Studies of false allegations show that such allegations are relatively rare.

Research conducted by Jones and McGraw (1987:27) reviewed the disposition of 576 reported cases of child sexual abuse in the city of Denver in one year. Another study by Everson and Boat (1989:230) found that false allegations were more likely to occur when reports came from adolescents (8% were judged to be false). Of the reports by children younger than 6 years, only 2% were judged to be false. Eight percent (8%) of the allegations in their sample were fictitious. Of these, 6% originated with adults and only 2% came from children. Research reported by Street (1997:7) revealed that the rate of fictitious allegations of child abuse is approximately 8%, but in the context of child custody, it may be as high as 50%.

Many cases of alleged sexual abuse are labelled by investigative agencies as "unfounded" or "unsubstantiated" (Fouché, 2006:209) and therefore mistakenly confused with false reports (Ceci & Bruck, 1995:30). According to Ney (1995:22) reports of sexual abuse classified as "unfounded" or "unsubstantiated" differ from allegations considered to be false. A false allegation would be one of the following (Ney, 1995:23):

- An allegation that is completely untrue; that is one in which none of the alleged events occurred.
- An allegation in which an innocent person has been accused, but the allegation is otherwise valid. This is a case in which an abused child discloses his/her abuse, but accuses someone other than the actual perpetrator.
- An allegation that contains a mixture of true and false features, i.e. the child describes some events that actually occurred and adds others that did not.

It is the opinion of the researcher that due to the complexity of the topic of child sexual abuse and all the dynamics involved, it is extremely difficult to straightforwardly say that a child is making up an allegation. Many factors play a role, e.g. developmental factors, the child's process, the child's unique disclosure process, threats or bribes, maternal support and relationship with the offender. Professionals will thus evaluate a child, and many professionals only have two options: substantiated allegations or false allegations. Although it may be extremely difficult to identify a false allegation, it helps if a professional has an understanding of the different subtypes of false allegations.

Mikkelsen, Gutheil and Emens (1992:556) proposed four specific subtypes of false allegations, namely:

- Those arising out of custody disputes.
- Those stemming from the accuser's psychological disturbances.
- Those resulting from conscious manipulation by a child or adult.
- Those caused by professional errors.

From experience the researcher concludes that any false allegations which are evaluated can be categorised under one of the above-mentioned subtypes.

2.8.3.1 Different possibilities when allegations are made

It is the opinion of the researcher that when an allegation is investigated, professionals must steer away from only categorising the allegation as false or true. It is recommended by Bernet (1993:903) that the following possibilities be considered when allegations of sexual abuse are made:

- The allegations are true.
- Misinterpretation and suggestion.
- Misinterpreted physical condition.
- Parental delusion and indoctrination.
- Interviewer suggestion.
- Fantasy and delusion.
- Miscommunication between child and first rapport.
- Innocent lying.
- Deliberate lying.
- Overstimulation.

After assessment, the following different outcomes can be considered (Fouché, 2006:11):

- The case in question is a false allegation.
- Suspicions exist, but cannot be confirmed.
- Insufficient evidence available to draw a conclusion.
- A correlation exists between the child's statements and behavioural indicators and those of other victims of child sexual abuse in this age group, hence sexual abuse is a possibility.

It is the opinion of the researcher that professionals classify allegations as false due to lack of evidence or lack of knowledge and skills to conduct a proper investigation.

2.8.3.2 Perpetrator substitution

Perpetrator substitution occurs when the child may have been sexually abused, but implicates the wrong person as the perpetrator, thus making a false allegation (Bernet, 1993:904). It is the opinion of Carstens (2004) that it is not that difficult to determine whether the child has been sexually abused, but the challenge is to identify the right perpetrator. The researcher has experienced that when the child has been removed with no maternal support, perpetrator substitution may occur.

2.8.3.3 Custody and access disputes

If a mistake is made and an accusation of child sexual abuse is judged to be false, two people are hurt: the child and the accused. The accused and his family are likely to suffer emotional and physical trauma and the relationship between the child and the parent may suffer tremendous damage (Fouché, 2006:217).

In a study conducted by Thoennes and Tjaden (1990:151), empirical data obtained from 12 domestic relations courts throughout the United States of America concluded that only a small proportion of contested custody and visitation cases involved sexual abuse allegations. The personalities of 72 falsely accusing parents and 103 falsely accused parents were compared to a control group of 67 custody parents, who were involved in custody disputes, but without allegations of sexual abuse. The falsely accusing parents were much more likely than were the other two groups to have a personality disorder such as being histrionic, borderline passive-aggressive or paranoid. Only one-fourth was seen as normal (Thoennes & Tjaden, 1990:151). In comparison most of the individuals in the custody control group and in the falsely accused group were seen as normal.

A study by Faller (1991:86) examined the reports of 136 children of divorced families who were referred to a project on abuse and neglect. It was determined that 65% of the cases were true accounts of abuse and concluded that sexual abuse did not occur in the remaining 35% of the cases. Faller (1991:86)

determined that in 14% of the cases false allegations arose in circumstances surrounding the divorce.

It is important for the professional who conducts the forensic interview to understand why the allegations would arise in the context of a custody dispute. Burkhart, (2000) and Ceci and Bruck (1995:32) suggest the following reasons why actual abuse would be exposed at that time:

- The dynamics of interfamilial sexual abuse are such that the non-abusive parent typically refuses to face the fact of abuse while the family is together. Once separation occurs, however, that parent becomes more objective and starts to realise what has been going on.
- A sexually abused child is often intimidated into silence by threats, including the abuser's warning that no one will believe him/her. The child may feel free to disclose once the abuser, and hence the threats, are gone. The child may also feel at that time that the non-abusive parent will now be receptive to disclosure and he/she will be believed.
- Children often feel obliged to endure their role in the family dynamics due to a heightened sense of responsibility to keep the family together. This pressure dissipates once the family splits.
- Although the child is harmed by the sexual abuse, he/she may still feel torn by loyalty toward his abuser. When the child is separated from the abuser, his/her emotional conflict is less looming.

The researcher suggests the following reasons why valid allegations of sexual abuse may not surface until the time of a divorce:

- A sexually abused child may be afraid to disclose while the family is still together. A child who has been threatened with the break-up of the family may tell once this has already happened. It is more difficult for the abusing parent to persuade the child to keep the secret once he/she is not living with the child.

- A child may become terrified at the prospect of spending time alone with the abuser and therefore will tell in order to avoid a visit.
- Increased distrust between parents often results in willingness to suspect sexual abuse.

From experience the researcher concludes that false allegations may arise from custody and visitation battles, but also adds that many parents who initiate a false allegation are identified through their overeager attitude with no sympathy for the consequences of the case for their child.

2.8.3.4 The parental alienation syndrome

The parental alienation syndrome involves one parent alienating the child from the other parent. This is typical in the context of a child custody dispute (Gardner, 1998:2) in which the child identifies with the vilifying parent and communicates absolute hatred towards the other parent. McInnes (2003:3) distinguishes between parental alienation and parental alienation syndrome.

Parental alienation is when the separated parent disrupts and denigrates a child's relationship with the other parent by giving expression to his/her own hostility towards the other parent (McInnes, 2003:3; Gardner, 1998:2). Despite the alienation, the child maintains positive feelings towards the other parent (McInnes, 2003:4; Fields & Ragland, 2003).

The parental alienation syndrome causes children to become preoccupied with unjustified, unsubstantiated or exaggerated disapproval and criticism of one of the parents, which lead to an impaired relationship with the target parent (Bekker, Van Zyl, Wakeford & Labuschagne, 2004:26; Fields & Ragland, 2003). Mothers are reported to contribute to the development of parental alienation syndrome more than fathers, mostly because they are often the primary caregivers and the child will naturally try to maintain that psychological bond (Bekker *et al.,* 2004:29).

The researcher experienced that accusations stemming from the parental alienation syndrome do occur, but an experienced professional who is aware of this phenomenon could handle it successfully.

2.8.3.5 Psychological disturbances

The term *folie à deux,* which was coined by Lastage and Falret in (Ney, 1995:34*)* refers to "contagious insanity or the psychosis of association". The mother who is obsessed with hatred towards the father may bring the child to the point of having paranoid delusions about the father. A *folie à deux* relationship may evolve in which the child acquires the mother's paranoid delusions (Fouché, 2006:21). The following criteria are listed by (Ney, 1995:34*)* to identify *folie à deux*:

- The intimate association of two people.
- Similar general delusional content of the partners' psychosis.
- The acceptance, support and sharing of a partner's delusional ideas.

The projection-prone mother readily projects her own sexual fantasies onto the spouse and child, while exploiting ambiguous physical or behavioural symptoms in the child as evidence for molestation (Green, 1991:449).

It is the experience of the researcher that children who display the following behaviour must be handled with caution, as the possibility of false allegations should be investigated:

- Use of terminology that is inappropriate for the child's age, e.g. "he penetrated me", "he sexually molested me"; "he had sexual intercourse with me".
- More interested in the consequences for the perpetrator.
- Do not display emotional content applicable to the topic in discussion.
- Cannot give a detailed account of alleged abuse.
- Cannot give explicit account of the context of the abuse.

- Not consistent over a period.
- The child does not tell the happenings from the frame of reference of children of that age.

2.8.4 Stockholm syndrome

The Stockholm syndrome is used to describe the bond between a hostage taker and his/her hostage. The victim displays a sense of loyalty towards the hostage taker and turn against those who try to rescue him/her (Bates, Pugh & Thompson, 1997:115). Research conducted by Julich (2005:107) identified that the emotional bond between survivors of child sexual abuse and the people who perpetrated the abuse against them is similar to that of the powerful bi-directional relationship central to Stockholm syndrome. This impacts on the victim's ability to criminally report offenders.

In order to identify and work effectively with victims of child sexual abuse, the professionals involved should have thorough knowledge of the indicators of child sexual abuse, which will be addressed hereafter.

2.9 INDICATORS OF CHILD SEXUAL ABUSE

The indicators of possible sexual abuse could be divided into three broad groups, namely: physical signs, psychological/behavioural signs and sexual signs. It is imperative for professionals to also be aware of familial indicators.

2.9.1 Physical and medical indicators of child sexual abuse

Medical indicators that child sexual abuse has occurred, include (Faller, 1993; Johnson, 2004:465):

- pregnancy in a child;
- venereal diseases and human immunodeficiency virus (HIV) if it was not contracted from mother to child;
- semen in the vagina of a child;
- torn or missing hymen or other vaginal injury or scarring;
- injury to the penis or scrotum; and
- damaged tissue in the anal area.

It is the opinion of the researcher that although social workers are not experts in the field of medicine, it is important to know certain factors regarding normal and abnormal anatomy with regard to child sexual abuse.

2.9.1.1 The medical examination – J88

The medical examination of the sexually abused child, and particularly the presence or absence of positive physical signs of abuse, carries substantial weight in the investigation into possible abuse (Venter, 2006). However, it forms one part of the puzzle of the sexual abuse investigation (Fouché, 2006:213).

The findings of these examinations are summarised on form J88, a prescribed form that medical examiners are compelled to complete once they have examined the victim of an assault (Gräbe, 2000:17). On this form the medical practitioner has to identify the person by name, describe the nature of the injuries and indicate whether the injuries are of a physical or sexual nature. The form provides a sketch of the human body for the doctor to indicate where the injuries are located. Finally, the J88 is studied by the prosecutor and may be used in the court if it contains information regarding a torn hymen or scarring of the genitalia or anus (Venter, 2006).

2.9.1.2 Normal versus abnormal anatomy

Standards for what constitutes normal anatomy and consequences of trauma are still being debated, and medical professionals are no longer limited to the presence or absence of a hymen as the indicator of possible sexual abuse (Johnson, 2004:464). Physicians are able to describe the effects of different kinds of sexual activity and subtle findings can be documented using magnification such as a colposcope or otoscope (Faller, 1993).

Research has found that physical findings that were considered abnormal in the past, such as dents and bumps on the hymen (Bereneson, Chacko, Wieman, Mishaw, Friedrich & Grady, 2002:228), can now sometimes be considered normal. According to Ingram, Everett and Ingram (2001:1109) the transverse diameter of the hymen is significantly increased in girls who have been sexually abused, compared to those who have not been abused. There is, however, a significant overlap between the two groups to obviate its diagnostic utility. Findings of female genital examination are affected by the age of the child (Vogeltanz, Wilsnack, Harris, Wilsnack, Wonderlich & Kristjanson, 1999:579) and the examination technique used. The hymen shape may also vary in the knee-chest and frog-leg positions (Johnson, 2004:465).

It may therefore happen that a child would claim that she has been raped or that finger penetration occurred, and due to the type of medical examination the findings would indicate that nothing had happened. It is the opinion of the researcher that no statement of abuse by a child should ever need to be tested by having a doctor examine the child's genitalia (Gräbe, 2000:18). The medical examination is only one part of the puzzle of sexual abuse and it can usually only indicate the likelihood of abuse. It very seldom happens that an accurate diagnosis can be made by means of a medical examination as to exactly what took place in terms of the abuse (Babiker & Herbert, 1998:232; Du Plessis, 2000:34).

Although the medical examination of the abused child is very important for the well-being of the child, it has little predictive value in confirming the occurrence of

sexual abuse (Gräbe, 2000:17). Research conducted by De Jong and Rose (1991:506) studied the child sexual abuse criminal court cases for a one-month period to determine the frequency and significance of physical evidence with cases where the court proved penetration. They studied 115 cases in which 76% of the perpetrators were convicted. They found that in only 23% of all the cases that led to convictions, there were physical signs shown on examination of the victim (De Jong & Rose,1991:507). During research between 1985 and 1987, 500 girls were evaluated as victims of sexual abuse, and during the same period, 30 perpetrators confessed to charges of sexual abuse involving 31 of these girls (Muram, 1989:212). On the medical examinations of the girls, the findings were as follows:

- In 29% of the cases the findings of the medical examination were completely normal.
- In 26% of the cases, there were non-specific findings which could have been caused by abuse, infection, irritation and scratching.
- In only 45% of the cases abnormalities could be detected that were consistent with sexual abuse.
- In 18% of the cases the perpetrator confessed vaginal penetration and in this subgroup 61% revealed specific findings.

The above findings illustrate that the superficial wounds heal quickly. It is also clear from this study that many sexually abused children, even those who suffered vaginal penetration, may not show any signs of physical injury (Muram, 1989:212).

A study which was conducted in the United States of America between 1985 and 1990, evaluated 2 384 children who were referred for a medical evaluation after they either disclosed sexual abuse, displayed behavioural changes, were exposed to an abusive environment, or because of possible medical conditions (Ticson, Velasquez & Bernier, 2001). Interviews with the children indicated that 68% of the girls and 70% of the boys reported severe abuse (penetration of vagina or anus).

- A total of 96.3% of all children referred for a medical examination showed age appropriate results.
- Of the children who reported abuse, 95.6% showed age appropriate results. .
- Of the children who were referred for evaluation due to behavioural changes, 99.8% showed age appropriate results.
- Of the 182 children referred for evaluation of medical conditions, 92% were found to be normal at the time of the examination.
- The remaining 8% (15 out of 182) that were found to be abnormal, were diagnosed with sexually transmitted diseases.

As discussed above and from experience, the researcher concludes that both legal and social professionals have relied too heavily on the medical examination in diagnosing sexual abuse of children. The forensic interviewer must not be dictated by the medical examination results, but should rather focus on the child's account of the events to determine what happened. The interviewer should also test different hypotheses by using a non-leading interview protocol.

2.9.2 Psychological and behavioural indicators of child sexual abuse

Technically speaking, child sexual abuse cannot be "diagnosed", because it is not a discrete clinical syndrome with accompanying consistent, predictable and deleterious effects (Bromberg & Johnson, 2001:346). Instead child sexual abuse may be viewed as a life event or series of life events that produce a broad range of outcomes in children (Spies, 2006:62).

Research has indicated that children who are sexually abused, face impaired cognitive, social, emotional and psychological development (Diaz & Manigat, 1999:142). The following psychological and behavioural indicators of childhood sexual abuse were identified:

- Poor academic performance (Patel & Andrew, 2001:265; Bromberg & Johnson, 2001:346).

- Psychological problems (Silovsky & Niec, 2002:190).
- Depression (Haj-Yahi & Tamish, 2001:1303; Pillay & Schoubben-Hesk, 2001:728; Meyerson, Long, Miranda & Marx, 2002:387).
- Dissociation (Macfie, Cicchetti & Toth, 2001:1255).
- Distress (Haj-Yahi & Tamish, 2001:1305).
- Emotional problems (Silovsky & Niec, 2002:192).
- Homeless, runaway behaviour (Rew, Taylor-Seehafer & Fitzgerald, 2001:230).
- Sleep disturbances (nightmares) or absence of sleep (Jones, 1992:6).
- Anxiety (Haj-Yahi & Tamish, 2001:1303; Pillay & Schoubben-Hesk, 2001:728).
- Feelings of hopelessness (Pillay & Schoubben-Hesk, 2001:728).
- Obsessive compulsive behaviour (Haj-Yahi & Tamish, 2001:1306).
- Paranoid ideation (Haj-Yahi & Tamish, 2001:1305).
- Psychotic behaviour (Diaz & Manigat, 1999:143).
- Post-traumatic stress disorder (Estes & Tidwell, 2002:39).
- Sexualised behaviour (Hall, Mathews & Pearce, 2002:290).
- Somatic problems (Price, Maddocks, Davies & Griffiths, 2002:165).
- Suicide or suicide attempts (Koplin & Agathen, 2002:716).
- Antisocial behaviour – Fear of people or a specific type or gender; arson and cruelty to animals (more characteristic of boy victims) (Diaz & Manigat, 1999:143).
- Multiple associated psychiatric disorders (Diaz & Manigat, 1999:143).
- Withdrawal and regressive behaviour (Jones, 1992:6).
- Lying and stealing (Jones, 1992:6).

It is the opinion of the researcher that while any such behaviour may well be associated with a child who has been sexually abused, it is more accurately defined as behavioural symptoms of general stress or trauma, rather than of sexual abuse *per se*. The researcher has experienced that some of these "indicators", such as nightmares, are normal for most children, both victimised and non-victimised children. It is therefore imperative that professionals intervening in interviews with alleged child sexual abuse victims, not only rely on behavioural

indicators reported by caregivers when concluding that a child has been sexually abused, but to conduct a thorough assessment, which will mainly consist of a forensic interview with the child concerned.

2.9.3 Sexualised behaviour as indicator of child sexual abuse

Exhibiting developmentally atypical sexual behaviour is a symptom consistently found more often in abused than non-abused children (Friedrich, Fisher, Dittner, Acton, Berlinger, Butler, Damon, Davies, Gray & Wright, 2001:38). Sexualised behaviour by a child is a clear indication of something sexual in the child's history (Ney, 1995:25). A study with 40 sexually abused and/or abusing young people older than 10 years (Farmer & Pollock, 2003:103) revealed that 13% of the children showed compulsive masturbation in public and 38% showed over-sexualised behaviour towards children and/or adults. While it is not uncommon for young children to engage in sexual behaviour of an exploratory nature, some children who have had sexual experiences with older persons are easily aroused and readily orgasmic (Bromberg & Johnson, 2001:346; Righthand & Welch, 2004:15). Some evidence suggests that boys experience eroticism more so than girls (Feiring, Taska & Lewis, 1999:118).

Sexual behaviour in children can be categorised into a number of face-valid domains (Brilleslijper-Kater, Friedrich & Corwin, 2004:1010). These include boundary problems, exhibitionism, gender role behaviour, self-stimulation, sexual anxiety, sexual interest, sexual intrusiveness, sexual knowledge and voyeuristic behaviour (Brilleslijper-Kater *et al.,* 2004:1010).

2.9.3.1 Masturbation

Masturbation is indicative of possible sexual abuse if the child:

- masturbates to the point of injury;
- masturbates numerous times a day;
- cannot stop masturbating;

- inserts objects into her vagina or his/her anus;
- makes sounds while masturbating; and
- he/she engages in thrusting motions while masturbating.

Too frequently professionals believe that the only road to sexualised behaviour is that the child has been overtly sexually victimised (Johnson, 1995:2). The researcher is of the opinion that if this is the interviewer's basic assumption, it can result in a child feeling compelled to describe being sexually abused, or the child can feel bad that he/she was not abused. The researcher experiences often in her practice that parents and educators want to know what constitutes sexual play, as confusion exists on whether specific actions between two children are sexual abuse or sexual play.

2.9.4 Familial indicators

National statistics in the United States of America indicate that parents were the perpetrators of 45.3% cases of child sexual abuse, and other perpetrators were responsible for 24.9% of victims. Day care providers were perpetrators in 2.7% of cases (Johnson, 2004:466). In the Vaalrand, Gauteng 63% of abused children are abused by either a family member or an acquaintance (South African Police Service, 2001).

It is the opinion of the researcher that if the perpetrators are in the child's home, it is extremely difficult to train children to recognise and report abuse when the perpetrators are likely to be trusted caretakers, such as parents, priests, aid workers, hospital workers and educators.

Women who have been sexually abused may have problems with self-esteem. They may therefore be more likely to unwittingly bring supportive individuals who are potential abusers into their homes. Incarcerated perpetrators report that they seek children who are available, easily manipulated and have desirable physical attributes (Budhin & Johnson, 1989:77).

Factors related to high-risk parenting include parents who:

- minimise or deny their own involvement in the child's allegation;
- project anger onto others;
- accept no responsibility for their own behaviour;
- are domineering, insensitive, impulsive, explosive, angry or demeaning;
- display no empathy;
- maintain a narcissistic focus;
- have a history of antisocial behaviour;
- have an uncontrolled chemical dependency status;
- consistently display poor boundaries related to feelings towards or touching the child;
- have sexualised interactions with the child although no specific sexual abuse is seen;
- argue and are unable to control anger; and
- often create difficult situations with the therapeutic manager in the child's presence (Intebi, 2003:9-10).

Research at the HF Verwoerd Academic Hospital in Pretoria between August 1991 and July 1993 studied 44 reported cases of child sexual abuse, of which 18 cases were confirmed (Scheepers, 1994:92). The following were found regarding the family system in the cases where sexual abuse was proved:

- Ineffective problem-solving skills (88%).
- Poor communication (100%).
- Diffused roles in the family (72%).
- Limited emotional development (72%).
- Destructive conflict management (100%).
- Inconsistent discipline (100%).

It is evident that there are familial factors that may alert professionals on the occurrence of possible sexual abuse. However, due to the dynamics of child sexual abuse it is the opinion of the researcher that the absence of the above-

mentioned factors must not be used as motivation that sexual abuse has not occurred, or as motivation for terminating an investigation (Fouché, 2001:34).

Not only does the social worker need to have knowledge to understand the child victim, but in order to be objective he/she must also have an understanding of the adult sex offender.

2.10 SEX OFFENDERS AGAINST CHILDREN

Sex offenders against children frequently do not understand the inappropriateness of adult-child sexual contact, and are unable to interpret the meanings of the sexual behaviours (Gilgun, 1994:468). It is imperative for professionals to have knowledge on the different kinds of sex offenders, as this gives them a better understanding of the *modus operandi*.

2.10.1 Youth sex offenders

An increasing number of reported cases of child sexual offences are committed by children and youth (Van Niekerk, 2006:101). Research by Bromberg and Johnson (2001:345) found that approximately 40% of all reported child sexual victimisations, were perpetrated by individuals under 20 years of age, and children between the ages of 6 and 12 committed 13 to 18% of all substantiated cases of child sexual abuse. Similar results in research conducted in a South African prison with a sample of 48 respondents convicted for a sexual offence, revealed that 37% were between 15 and 18 years of age when they committed the offence (Delport & Vermeulen, 2004:42). Research by Kubik and Hecker (2005:43) reported that girls who had committed a sexual offence were more likely to endorse statements reflecting the belief that the offender in a sexually aggressive vignette was not responsible for initiating the sexual contact.

The researcher has experienced in her private practice that it happens more often that the perpetrators of alleged abuse are younger than 16 years old. It is thus

evident that there is an increase in children who commit sexual offences against other children.

2.10.2 Types of adult sex offenders

Sex offenders against children may be divided into three basic types with regard to their primary sexual orientation and level of socio-sexual development. According to Gilgun (1994:469), there are fixated offenders, naive offenders and regressed offenders. Two categories are added by Looman, Gauthier and Boer (2001:754), namely the exploitative paedophile and the aggressive (sadistic) perpetrator.

2.10.2.1 Fixated offender

A fixated offender has not developed past the point where he, as a child, found children attractive and desirable. Thus, he has become fixated at an early stage of psychosexual development (Hesselink-Louw & Olivier, 2001:16). A typical fixated offender has little activity with age mates, is single and is considered to be immature and uncomfortable around adults (Gilgun, 1994:469). Children become the preferred subject of the fixated offender's sexual interest.

2.10.2.2 Naive offender

The naive offender does not understand the true nature of the offence. Some do suffer from organic problems or senility and are unable to appreciate the impact of what they have done (Holmes & Holmes, 2002:120).

2.10.2.3 Regressed offender

Regressed offenders have been involved with adults in normal sexual relationships. Psychologically, this type of child offender sees the child as a

pseudo-adult. These offenders are typically married or in a long-standing relationship. They often initiate a sexual act or series of acts with children, because of some precipitating cause, e.g. poor job performance review, a distant wife and social maladjustment. (Hesselink- & Olivier, 2001:18).

2.10.2.4 Exploitative paedophile

Exploitative paedophiles can be distinguished from the preceding types, because they primarily seek children to satisfy their sexual needs. Such an offender exploits the child's weaknesses in any way he can, is often unknown to the child, might use physical force and does not care about the physical or emotional well-being of the child. Exploitative paedophiles are highly impulsive, irritable and moody (Looman *et al.,* 2001:754).

2.10.2.5 Aggressive (sadistic) perpetrator

Aggressive (sadistic) perpetrators are drawn to children for both sexual and aggressive reasons. The aggressive perpetrator has a long history of antisocial behaviour, prefers victims of the same sex and assaults viciously and sadistically. This type of offender is responsible for most abductions and murders of children (Looman *et al.,* 2001:754).

2.10.3 Etiology of adult sex offenders

There is no "cookbook" recipe to explain the reasons why adults would be interested in sexual activities with children. It is commonly accepted among laypeople that child victims will offend when they grow up. However Araji and Finkelhor (1986:104) argue that because not all sexual abuse victims grow up to become sex offenders, sexual abuse is neither a necessary nor sufficient condition for becoming a sex offender.

In an attempt to provide multifactor explanations for child molesting behaviour, four types of theories (Araji & Finkelhor, 1986:93) have been grouped in a framework:

- Factor I: Emotional congruence.
- Factor II: Sexual arousal.
- Factor III: Blockage.
- Factor IV: Disinhibition.

2.10.3.1 Emotional congruence

The child has a special emotional meaning to the perpetrator. He finds children attractive because of lack of dominance. Immaturity and low self-esteem are characteristic of this type of sex offender (Araji & Finkelhor, 1986:94).

2.10.3.2 Sexual arousal

The perpetrator has a heightened arousal to children. Characteristics include: conditioning and modelling from early childhood experience; hormonal abnormalities; and socialisation through child pornography (Araji & Finkelhor, 1986:99).

2.10.3.3 Blockage

The perpetrator's normal tendency to meet his sexual and emotional needs in adult heterosexual relationships is blocked. He experiences difficulty relating to adult females and has inadequate social skills. He suffers from sexual anxiety, has unresolved oedipal dynamics, repressive norms about sexual behaviour and experience disturbances in adult sexual romantic relationships (Araji & Finkelhor, 1986:106).

2.10.3.4 Disinhibition

The person has poor impulse control, or suffers from an impulse disorder. He suffers from senility or mental retardation, and/or situational stress. (Araji & Finkelhor, 1986:111) Another characteristic of the perpetrator is often substance abuse.

It is evident that explaining sexual offending against children is not a clear-cut case, but actually a multifaceted phenomenon (Hesselink-Louw & Olivier, 2001:17).

It is the opinion of the researcher that professionals working with child victims of sexual abuse need to have a widespread knowledge on adult sex offenders against children in order to conduct objective forensic investigations.

2.10.4 Victim-perpetrator relationships

Effective practice with persons who have been sexually abused in childhood requires an understanding of child victims' relationships with perpetrators. Research conducted by Gilgun (1994:467) with 23 perpetrators of child sexual abuse indicated that perpetrators of child sexual abuse have a wide variety of types of relationships with child victims (Araji & Finkelhor, 1986:93). The following perpetrator-victim relationships were identified by Gilgun (1994:471-476) from the point of view of perpetrators:

- **Avengers**

  Avengers inflict pain on sexual body parts or inflict emotional pain. The objective is to harm the child or someone who loved the child, e.g. abusing the girl whom he perceives as his mother-in-law's favourite grandchild.

- **Takers**

  The perpetrator will approach the child victim as if the child is a commodity to be used and then be discarded. He would take what he wants with no concern as to how his actions affect the child, e.g. child rape.

- **Controllers**

  Perpetrators would sometimes control the activities of their victims by bargaining for sexual favours, e.g. if the stepdaughter would masturbate him, she will be allowed to play outside.

- **Conquerors**

  Perpetrators who approach their victims as conquerors use various roles like a "buddy", or "friend" to get the children to become sexually involved with them. A conqueror would seduce the child by, for example, pretending he is in love with the 13-year-old girl, doing age-appropriate activities with the child.

- **Playmates**

  They perceive themselves as peers of their child victims. Sex is only one of the "fun" things they do with their victims.

- **Lovers**

  These perpetrators appear to be in love with their victims and may view the child as equal partner and themselves as loving people. They may be hurt and confused when the children report these cases and testify against them.

- **Soul mates**

  They have identity confusion between the self and the child, and are drawn to and see themselves in their child victims.

2.10.5 Rehabilitation of adult sex offenders against children

Offending behaviour treatment programmes are designed to reduce re-offending. Reconviction does not represent re-offending *per* se, but has been accepted as an alternative outcome measure (Falshaw, Bates, Patel, Corbett & Frienship, 2003:207). In sex offender treatment approaches, attention pragmatically has focus on understanding the risks to re-offend (Metz & Sawyer, 2004:186). Apart from including victim empathy, development, improving relationships, social skills and altering cognitive distortions into treatment programmes, it is important that the topic of sexual dysfunctions and sex therapy must also be addressed (Williams & Fouché, 2005:13).

The researcher is of opinion that sex offenders are difficult to rehabilitate due to the cognitive distortions dominating them. However, they can master the management of their behaviour.

Sexual abuse has a tremendous impact on children. The trauma that the child experiences during this victimisation will hereafter be discussed.

2.11 IMPACT OF CHILD SEXUAL ABUSE

Intense long-term effects as a result of molestation are reported in literature on child sexual abuse (Van Rensburg & Barnard, 2005:1). It is therefore important that the impact of sexual abuse on children is investigated.

2.11.1 Trauma of child sexual abuse

Children who are sexually abused undergo pronounced interruptions in their development and in their view of themselves and the world, which result in significant emotional and behavioural changes indicative of the attempts to cope with these events (Fouché & Yssel, 2006:241). A study exploring which seventeen categories of child maltreatment South Africans evaluated as most

serious was conducted among 181 professionals, which included socials workers, human service workers, laypersons and members of the Child Protection Unit of the South African Police Service (Pierce & Bozalek, 2004:817). The respondents ranked sexual abuse and child prostitution as most serious. It is thus evident that, among professionals, child sexual abuse is regarded as the worst form of trauma which can be imposed on a child.

Research which targeted a college sample of child sexual abuse victims (Murthi & Espelage, 2005), classified the losses of the subjects on three scales, namely:

- loss of optimism;
- loss of self; and
- loss of childhood.

They concluded that multiple experiences of child sexual abuse would be associated with greater perceptions of loss across the three scales.

2.11.2 Four specific responses to trauma

The traumatic effects of sexual abuse are described by Bentovin, Bentovin, Vizard and Wiseman (1995:247-248) in terms of four specific responses to trauma namely:

- **Intrusion**

  The intrusion is unwanted, painful and distressing. Memories of events in the thoughts of the child are reflected in drawing, conversation and play.

- **Avoidance**

  The victim avoids thinking, speaking or being reminded about the abusive experience. The abuser, who demands secrecy, may reinforce such avoidance, or it can be reinforced by the disbelief of members of the child's family to whom the child may have tried to speak previously.

- **Arousal, fearfulness and tension**

  Arousal, fearfulness and tension associated with poor sleeping, poor eating and general problems of concentrating.

- **Post-traumatic state**

  This induces a powerful sense of hopelessness, helplessness or severe depression. It may be associated with anorectic responses or pervasive developmental difficulties, e.g. inability to walk or talk (Bentovin *et al.,* 1995:247-248).

According to Jones (1992:6) two-thirds of children who are sexually abused will show moderate or severe emotional or behavioural changes in the subsequent weeks after disclosure, compared to one-third who will display no or mild psychological disturbances. However, it may be that these children will show delayed responses or alternative escapes which will have effects in the long term (Jones, 1992:6).

Studies have shown that children who were victimised at the youngest age and involved for the longest period of time, and where the severity of the abuse was the greatest, are likely to show more severe psychological sequelae (Finkelhor & Brown, 1985:530). A sudden deterioration in performance may occur. However, it is imperative to note that some children may respond in a paradoxical way in school and become overachievers in their drive to overcome their personal secret.

2.11.3 Factors which influence the sexually abused child's reactions and recovery

Children's reactions to and recovery from sexual abuse vary, depending on the nature of the sexual assault and the response of their important others, especially the mother (Mash & Wolfe, 2005:383).

A range of variables influences the degree of trauma which the child experiences, namely (Furniss, 1991:7; Mayhall & Norgard, 1982:191; Homeyer, 1999:3; Bagley

& Thurston, 1996:51; Walker, 1990:344; Haj-Yahi & Tamish, 2001:1306; Molnar Buka & Kessler, 2001:755; Spies, 2006:49-51; Collings, 2005:13; Turner, Finkelhor & Ormrod, 2006:13):

- How sexual abuse evolves.
- Grooming process.
- Child's age.
- Developmental stage of the child.
- Age difference between the abuser and the abused child.
- Relationship of perpetrator to the child.
- Duration of sexual abuse.
- Frequency of sexual abuse.
- Amount of violent force used in sexual abuse.
- Level of threats and/or bribes.
- Nature of the abuse.
- Child's perception of life-threatening nature of the sexual abuse incident.
- Child's reaction to sexual abuse.
- Degree of shame or guilt evoked in the child for participating in sexual abuse.
- Parental reaction upon discovery of sexual abuse.
- Child support system after trauma.
- Presence or absence of protective parental figure.
- Degree of secrecy enforced by the perpetrator.
- Child's resilience.
- Non-supportive disclosure.

2.11.4 Psychological resilience

Psychological resilience can be defined as a person's ability to resist the negative impact of trauma (Van Rensburg & Barnard, 2005:2). It does not only involve individual genetic predispositions, but also an individual's temperament, personality and intelligence. It also includes characteristics such as social skills and self-esteem.

Research conducted by Fouché (2002:60) investigated the psychological resilience of eleven sexually abused adolescent girls placed in children's homes. These girls had been abused and sexually abused between the ages of 5 and 13 years by stepfathers, biological fathers, other relatives and friends (Fouché, 2002:65). The following strengths were identified in the process, namely: interviews with professional persons, social support, faith, recreational activities, temporary avoidance and positive thinking, as well as the use of fantasies (Fouché, 2002:68).

Another study was conducted with seven girls in the late middle childhood who had been sexually molested, as well as with their parents and caregivers (Van Rensburg & Barnard, 2005:5). Five girls were found to be more resilient than the other two. Five fundamental themes which influenced them to be more resilient were found:

- **Close family ties**

  Girls who had close relationships with their mothers or grandmothers were more resilient than those whose mothers were absent or where a poor relationship existed.

- **Internal locus of control**

  Children who were raised with the belief that "the world does not owe me anything" and the focus was on acceptance and responsibility, were more resilient.

- **Positive self-concept**

  The five resilient girls regarded themselves as loved by families and teachers. They also felt positive about their physical appearance and character traits. The less resilient girls regarded themselves as unworthy, physically unattractive and unloved.

- **Social support**

  Experience of social support by family, peers and teachers were found in the resilient children, as well as the confidence to confide in these people.

- **Personality factors**

  The psychologically resilient children possessed a temperament marked by a basic goodwill and extroversion. They had emotionally stable personalities and were realistic and mature individuals. The less resilient girls demonstrated withdrawn personalities, characterised by contrariness, aggression and a tendency to cry and to sulk. Tendency towards emotionally unstable behaviour and irritability were found (Van Rensburg & Barnard, 2005:8).

From these two studies it is evident that family and social support, positive self-concept, internal locus of control, someone to talk to and spirituality supportive disclosure are imperative to influence children to be more resilient and overcome the victimisation better.

2.11.5 Internal trauma of the child

Over the last decade, several models have been developed which assist professionals in understanding the dynamics and effects of sexual abuse. Wieland (1997:10) differentiates between internalisations resulting from:

- all abuse experiences where the abuse experiences consist of intrusions, self-related, threats and acts of abuse and non-protection;
- sexual abuse by someone close, where the abuse experiences of entanglement, juxtaposition and distorted family boundaries lead to the internalisations; and
- extreme sexual abuse where the messages during the abuse experience were perceived by the child as that sexualised behaviour brings attention and sensual pleasure or negative experiences, distorted messages and distortion of reality.

According to Wieland (1997:54) children internalise experiences of self and/or self in relation to others during childhood. Children will internalise certain messages to create an internal working model, which will finally become the base from which each child will respond to, or interact with the outer world (Potgieter, 2000:33).

This process is described by Bates *et al.* (1997:10) as the development of an internal map or mirror of the world due to external experiences, which will influence children's behaviour.

When children are sexually abused, they always internalise certain messages, which change their perception of their interaction with other people (Potgieter, 2000:38), and also assimilate negative messages about themselves (Wieland, 1997:71) namely:

- "I am damaged/I am powerless."
- "I am guilty/bad/an object to be used."
- "I am responsible for."
- "I feel chaotic."
- "I am betrayed by people close to me."
- "I have no boundaries."
- "When I am sexual, good things happen."

The researcher experienced that these messages became like invisible glasses, which make it impossible for the child to look objectively at him-/herself or to others and the world. During therapeutic sessions the researcher utilised play therapy techniques (Fouché, 2006:11) to increase children's awareness regarding these "invisible glasses", which influenced them to "see" clearly. The researcher found that once children became aware of this and start experimenting with alternative behaviour, these internalisations are challenged.

2.11.6 Traumagenic dynamics

A proposed framework for a systematic understanding of the effects of child sexual abuse was developed by Finkelhor and Browne (1985:530-539). They identified four trauma-causing factors during the abuse experience:

- Betrayal (the failure of caretaking; the demand for secrecy, misusing of authority and trust) resulting in behavioural manifestations like clinging behaviour, aggressive behaviour and mistrust in people close to them.
- Stigmatisation (the shame and guilt created by the meaning given to the abuse by the child and by other people) which leads to low self-esteem, confluence and self-destructive behaviour.
- Traumatic sexualisation (the arousal and confusion elicited by stimulation beyond the physical and emotional level of the child) ensuing sexual reactive behaviour, avoidance of relationships with the opposite sex and confusion about sex.
- Powerlessness (the experience of not being able to control what is happening to oneself) resulting in behaviour like nightmares, somatic complaints, eating and sleeping disorders and aggressive behaviour like bullying.

These factors were described to alter children's cognitive and emotional orientations to the world, thus creating trauma by distorting their self-concept, worldview and affective capacities.

Table 2.5: Four traumagenic factors

DYNAMIC	PSYCHOLOGICAL IMPACT	BEHAVIOURAL MANIFESTATION
Betrayal • Trust and vulnerability manipulated. • Violation of expectation that others will provide care and protection. • Child's well-being disregarded. • Lack of support and protection from parents.	• Grief, depression. • Extreme dependency. • Impaired ability to judge trustworthiness of others. • Mistrust, particularly of men. • Anger, hostility.	• Clinging. • Vulnerability to subsequent abuse and exploitation. • Allowing own children to be victimised. • Isolation. • Discomfort in intimate relationships. • Marital problems. • Aggressive behaviour. • Delinquency.

Stigmatisation • Offender blames, denigrates victim. • Offender and others pressure child for secrecy. • Child infers attitudes of shame about activities. • Child has shocked reaction to disclosure. • Others blame child for events. • Victim's stereotyped as damaged goods.	• Guilt, shame. • Lowered self-esteem. • Sense of differentness from others.	• Isolation. • Drug or alcohol abuse. • Criminal involvement. • Self-mutilation. • Suicide.
Traumatic sexualisation • Child rewarded for sex. • Offender exchanges attention and affection for sex. • Offender transmits misconception about sexual behaviour and morality. • Conditioning of sexual activity with negative emotions.	• Increased salience of sexual issues. • Confusion about sexual identify. • Confusion about sexual norms. • Confusion of sex with love and care-getting. • Negative associations with sexual activities. and arousal sensations. • Aversion to sex or intimacy.	• Sexual preoccupations and compulsive sexual behaviours. • Precocious sexual activity. • Aggressive sexual behaviour. • Promiscuity. • Prostitution. • Sexual dysfunctions: flashbacks, difficulty, in arousal, orgasm. • Avoidance of or phobic reactions to sexual intimacy. • Inappropriate sexualisation of parenting.
Powerlessness • Body territory invaded against the child's wishes. • Vulnerability to invasion continues over time. • Offender uses force or trickery to involve child.	• Anxiety, fear. • Lowered sense of efficacy. • Perception of self as victim. • Need to control.	• Nightmares. • Phobias. • Somatic complaints, eating and sleeping disorders. • Depression. • Dissociation.

• Child feels unable to protect self and halt abuse. • Repeated experience of fear. • Child is unable to make others believe.	• Identification with the aggressor.	• Running away. • School problems, truancy. • Employment problems. • Vulnerability to subsequent victimisation. • Aggressive behaviour, bullying. • Delinquency. • Becoming an abuser.

(Finkelhor & Browne, 1985:530-537).

2.11.7 Post-traumatic stress disorder

A significant number of children develop post-traumatic stress disorder (PTSD) (Jones, 1992:6; James & Gilland, 2005:187) after they have been sexually exploited. To be identified as having PTSD, a person must meet certain conditions and symptoms as specified in the DSM-IV-TR (American Psychiatric Association, 2000:463-468). This disorder consists of recollection phenomena, numbed emotional responsiveness, and signs and symptoms suggestive of hyperawareness and anxiety, with a tendency for everyday occurrences to act as reminders of the old trauma, resulting in an unpleasant flood of panic feelings.

Terr (1995:302) has delineated two categories of trauma that may lead to the development of PTSD: Type I trauma involving single, unexpected, sudden traumatic events (e.g. sexual assaults), and type II trauma, which is longstanding, involving repeated, possibly expected and predictable exposure to a traumatic event (James & Gilland, 2005:129; Babiker & Herbert, 1998:235).

It is the opinion of the researcher that all children who have been sexually abused must undergo intense therapeutic treatment.

2.12 TREATMENT OF SEXUALLY ABUSED CHILDREN

Children's reactions to and recovery from sexual abuse vary, depending on the nature of the sexual abuse and the response of their important others, especially the mother and the relationship with the perpetrator (Mash & Wolfe, 2005:411). The researcher is of the opinion that, due to the wide range of serious long- and short-term consequences of child sexual abuse and the need to prevent reactive abuse (abuse of other children by a victim of abuse), all children who are suspected of being sexually abused should be referred for assessment and treatment. Treatment of the child sexual abuse victim can be divided into three groups, namely: crisis intervention, short-term intervention and long-term intervention (Fouché & Yssel, 2006:246).

In their research on the characteristics, management and therapeutic treatment of sexually abused and/or abusing children in substitute care with 40 sexually abused young people older than 10 years, Farmer and Pollock (2003:101) indicated the following four key components of effective management:

- Supervision.
- Adequate sex education.
- Modification of inappropriate sexual behaviour.
- Therapeutic attention to the needs that underlie such behaviour.

Many professionals differ in their opinion of when the right time is for a child to undergo therapy. Legal professionals prefer that sexually abused children receive no treatment before testimony, due to fear of contamination (Willemse, 2001; Venter, 2006).

It is the opinion of the researcher and confirmed in Fouché and Yssel (2006:264) that, when therapy is done before or during the trial, the therapist must not go into the details of what has happened, as this may contaminate the child's evidence. During therapy before the trial, emotions may be reflected, empowerment can be done and coping skills can be taught.

2.13 SUMMARY

Sexual abuse of children, for the purpose of this research under the age of 18 years, is more prevalent than can be realised. In defining sexual abuse, the focus is on the developmentally immature child who does not fully comprehend sexual activities by older people to the advantage of the authority, power and sexual sophistication over the child.
The dynamics of child sexual abuse include the disclosure process, explaining reasons like age and gender of the child, the relationship with perpetrator and fear of consequences for self and others and sense of responsibility as main reasons for children not talking about abuse.

From the research it is evident that a definite grooming process exists and those sexual molesters have a definite process which they follow to groom a child for later sexual abuse.

False allegations do occur and it appears as if several factors and not only the lying child, having an influence in the conclusion that an allegation is false. Any professional, working in the field of child sexual abuse, needs to have a comprehensive knowledge base on the origin of false allegations in order to identify and address it during the forensic investigation processes.

Indicators of possible child sexual abuse are categorised in physical, behavioural and psychological, sexual and familial indicators. The trauma imposed on a child during sexual abuse is horrendous and has serious implications, which may result in post-traumatic stress syndrome. Therapeutic intervention is most important and can be dealt with during crisis intervention, short-term therapy or long-term therapy.

Different kinds of perpetrators have been categorised, namely: fixated, regressed, naive, exploitive and sadistic sexual molesters.

Intense long-term effects as a result of sexual abuse are reported in literature. This includes, among others the four traumagenic factors, namely traumatic

sexualisation, stigmatisation, betrayal and powerlessness. A child's reactions to and recovery from sexual abuse vary, depending on the nature of the sexual abuse and the response of their important others, especially the mother and the relationship with the perpetrator. Treatment of the sexually abused child should be done with discretion if the child still needs to testify, and the therapist should not focus on the merits of the case when engaging a child in a therapeutic process.