SOCIAL REACTIONS TO CHILD SEXUAL ABUSE:
A *CHILD-CENTRED PERSPECTIVE ON HELPFUL AND HARMFUL EXPERIENCES IN THE AFTERMATH OF DISCLOSURE*

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DECLARATION

Unless specifically indicated to the contrary, this research report is the result of my own work

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ABSTRACT

Child sexual abuse (CSA) is a problem of increasing intensity both internationally and within the context of South Africa. While various studies have investigated the post-rape experiences of CSA survivors, few have studied these experiences from a child-centred perspective. The current study thus seeks to explore the personal views of children and their ways of seeing the world in relation to their helpful and harmful experiences in the aftermath of disclosure. The sample was taken from an NGO, located on the south coast of KwaZulu-Natal, which deals specifically with issues affecting abused children. The sample consisted of 20 child rape survivors, between the ages of 5 and 17. Qualitative interviews were conducted in isiZulu by a trained Counselling Psychologist, who served the role of both interviewer and counsellor. Interview transcripts were translated into English and analyzed thematically. Data were organized within an ecosystemic framework in an attempt to conceptualize experiences at various systemic levels. Results indicate varying helpful and harmful experiences with regard to familial, community, institutional, and broader macrosytemic levels of influence. Harmful experiences at the institutional level appeared to have to do with the lack of information shared with the children as to the nature of the proceedings, and what was expected of them, rather than with the post-rape medical examination. Reactions of significant others, in particular the primary caregiver, were found to have a significant impact upon the child's own feelings towards the sexual abuse. Fear of re-victimization, disbelief regarding the minimum punishment afforded to the perpetrator, and feelings of being tricked, deceived, and let down by the perpetrator, were other common themes within the data.

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CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.1 Introduction

The sexual abuse of children is sadly and alarmingly not a rare occurrence. Indeed studies have shown high rates of child sexual abuse (CSA) both internationally and within the context of South Africa (Jewkes, Levin, Mbananga, & Bradshaw, 2002). In fact over the past 20 years South Africa has seen a considerable increase in the number of child rape cases (Collings, Wiles, Bugwandeen, & Suliman, 2007). Unfortunately intervention is not always readily available to survivors of CSA and in a large majority of cases children, for a number of reasons, delay the disclosure of abuse or do not in fact disclose at all (Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005). Thus the prevalence of CSA is suspected to be higher than reports suggest. Child sexual abuse has shown to be associated with a number of psychological and behavioural difficulties, some of which may be carried with the child into adulthood (Bogorad, 1998; Stirling & Amaya-Jackson, 2008; Vranceanu, Hobfoll, & Johnson, 2007; Finkelhor & Browne, 1985). Thus intervening in the life of the sexually abused child is important. However, again research has shown that not all aspects of the intervention process are necessarily experienced as helpful. Child sexual abuse does not occur in isolation but rather within a larger society, whose responses to CSA survivors can affect their well-being (Campbell, Wasco, Ahrens, Sefl & Barnes, 2001). It thus becomes necessary to hear from the survivors themselves concerning what is experienced as helpful and harmful in the aftermath of disclosure. Although speaking to children about issues pertaining to sex is still, in the majority of cases, considered taboo, it is necessary in order to better understand things from children's perspectives and thus to be more appropriately able to intervene.

1.2 Background to the current study

This study forms part of the *KwaZulu-Natal Child Rape study* which began in 2003. This larger study has already undergone two initial phases with the current study informing part of the third phase. Phase one of the Child Rape study reviewed the nature and scope of child rape within the North Durban area of KwaZulu-Natal, South Africa, as well as identifying trends in the reporting

of such cases. This was carried out by reviewing every case of child rape in the North Durban area that was referred for medico-legal assessment between January 2001 and December 2006 (Collings et al., 2007).

The second phase looked at the provision of services for child rape survivors subsequent to their disclosure. A sample of 200 children were followed up, between October and December 2004, through the processes involved with the provision of social work and legal services as well as the provision of HIV post-exposure prophylaxis (Collings et al., 2007). It was found that from the cases referred for prosecution, 9% had not been finalized 2 years later, 67.9% had been withdrawn, 16% of offenders had been found guilty, and 8.6% not guilty, and the procedures in 7.4% of the cases were halted as the result of the alleged offenders death (Collings, 2007a). This same study showed that from the 60% of children who were followed through with the provision of HIV post-exposure prophylaxis, only 35.4% returned for a full course of 28 days, and only 3.5% returned for a 3 and 6 month follow up (Collings, Bugwandeen, & Wiles, 2008). With regard to the provision of social work and counselling services, this study found that just short of half (49.5%) of children had been seen by a social worker within a 6 month period subsequent to hospital presentation (Collings & Wiles, 2007, September 23). From these results it can clearly be seen that non-provision of the necessary services for children in the aftermath of disclosure is problematic. Such non-provision of services contributes to the experience of secondary victimization.

The current study forms part of the third phase which aims to explore how parents and children experience the aftermath of disclosure. Since the first part of secondary victimization – the non-provision of services – has already been investigated in the larger study, this study focuses more on the second part of secondary victimization – the unhelpful reactions of others. Specifically, the current study, in adopting a child-centred perspective, will look at how children themselves have experienced the processes following their disclosure, as well as what they perceive as being both helpful and harmful experiences. While children may be viewed as emotionally and cognitively limited, giving them the space in which to speak provides deeper understandings of the dynamics around abuse (Mudaly & Goddard, 2006). For purposes of the current study the definition of rape is the same as that in the larger *KwaZulu-Natal Child Rape study*. This definition is in accordance

with the definition given in the South African Sexual Offenses Bill of 2007: i.e., rape is “non-consensual vaginal, anal, or oral penetration of a male or female (by a male or female) with a penis, any other body part, or an object” (Collings et al., 2007).

CHAPTER TWO: REVIEW OF THE LITERATURE

2.1 The nature and scope of the problem

Research has shown that the prevalence of Child sexual abuse (CSA) is high both internationally and within the context of South Africa. Literature has identified various explanations as to why children are so often targeted for sexual abuse and why the disclosure of CSA is, in many cases, the exception rather than the norm. Literature in this area has recognized a number of barriers to disclosure. However it is not only the primary victimization of CSA that is a problem requiring urgent addressing. Literature has repeatedly shown the harm imposed by secondary victimization, where survivors of CSA experience unhelpful and unsupportive reactions of others, or are not provided with the necessary services in the aftermath of disclosure.

2.1.1 *Primary victimization in child sexual abuse*

Primary victimization, with regard to the current study, refers to the act of sexual abuse experienced by children. The sexual abuse of children can be seen as one form of child abuse that is constituted as a criminal act against the child (Berliner & Conte, 1995). Richter and Higson-Smith (2004) allude to several kinds of sexual abuse against children in the pre-pubertal age group. Children may be abused out of an adult's relationship needs, they may be repeatedly sexually abused by their caregivers, fatally raped by anonymous individuals, enticed by gifts and threatened by their perpetrators, sexually exploited for financial gains, abused by other children, or be involved in non-contact sexual abuse. According to these authors, CSA varies in terms of its duration, the age of the child, the way the child experiences the abuse, the conditions under which the abuse occurs, the characteristics of the abuse, and the effects of the abuse on both the child and the family (Richter & Higson-Smith, 2004).

2.1.2 *The prevalence of child sexual abuse*

Prevalence data suggest that CSA is a problem of increasing intensity. However it is not clear as to whether this trend reflects a genuine increase in the incidence of CSA, or whether it is due to an increase in reporting of CSA cases as the result of increased awareness of the phenomenon (Townsend & Dawes, 2004). What is however generally acknowledged is that the number of

sexual abuse cases that are reported form only the tip of the ice-berg (Christofides et al., 2003; Collings et al., 2007). According to Finkelhor, Wolak and Berliner (2001) the majority of crimes committed against children remain unreported. These authors suggest a number of reasons as to why this is the case. The first pertains to the way crimes against children are defined, as in many instances victimization is viewed as a normal part of childhood and thus crimes against children are perceived as "less criminal". Another reason why cases remain unreported to the police is that children have other authority figures (e.g., parents, teachers or child protection agencies) who provide an often less threatening means of dealing with the child's victimization. There are also developmental factors impacting on low levels of reporting for children. Young children are not able to access police services directly but have to go through adults who become the deciding agents as to whether the crime is to be reported. Adolescents are often encouraged, by their subculture, not to report crimes. Contributing factors on the emotional and attitudinal level include feelings of embarrassment, fears of secondary victimization, and the desire to leave the event in the past, fears of losing a significant relationship in cases where the child's perpetrator is a family member, and fears of perpetrator retaliation. All such factors contribute to low levels of reporting crimes committed against children (Finkelhor et al., 2001).

A review of literature suggests exceptionally high prevalence rates for CSA, both internationally and within South Africa. According to Sivaraman (1998) children make easy targets for sexual abuse as they are not able to easily resist the perpetrator, they can easily be enticed, and there is less likelihood of complications from resulting pregnancies. In an American survey of unwanted sexual experiences, 16% of males and 40% of females reported experiencing at least one unwanted sexual experience before 18 years of age (Kellogg & Huston, 1995). Similarly Sivaraman (1998) conducted a study of sexual assaults in India, and reported Indian crime statistics stating that from the 10 000 rapes reported in India in 1990, 25% involved children under the age of 16.

A more local study, conducted in Cape Town, found that 72% of pregnant teenagers, and 60% of teenagers having never been pregnant, had been forced to have sex at some point in their lives (Jewkes, Vundule, Maforah & Jordaan, 2001). A study by Madu and Peltzer (2000) with a sample of 414 participants in the Northern Province of South Africa, found the prevalence rate

for contact CSA to be 54.3%. More specifically this study found the prevalence rate of CSA for men to be 60%, and for women 53.2%. In the 1998 *South African Demographic and Health Survey*, 153 out of a total of 11 735 woman reported having been raped before the age of 15. From this total of reported rapes, 85% occurred in children between the ages of 10 and 14, and 15% in children between the ages of 5 and 9 (Jewkes et al., 2002).

Christofides et al. (2003) report statistics from the Crime Information Analysis Centre for the year 2001. This analysis revealed that cases of rape and attempted rape of women reported to the South African police amounted to a total of 52 550 in the year 2000. This is an alarming statistic considering the often low levels of reporting of sexual abuse. Out of these, 21 438 were children under 18 years old, and of these 7898 were below 12 years of age, with the majority aged between 7 and 11. Similarly, according to Cox, Andrade, Lungelow, Schloetelburg and Rode (2007) South Africa had 52 733 reported cases of rape between 2003 and 2004, nearly half of which involved children.

Further, the Tshilidzini Hospital, in the Limpopo province of South Africa, treated nearly 300 children for rape or sexual abuse during the year 2002 (Richter & Higson-Smith, 2004). This number is exclusive of the child rape survivors who did not report their rape and were thus not medically examined. Richter and Higson-Smith (2004) reference a number of local newspaper articles that help shed light on the problem of CSA in South Africa. Some of these, taken from the Natal Witness at various times between the years 2002 and 2003 include, "man jailed for raping stepdaughter" (p.27), "nine-year old girl raped" (p.28), "five-month-old dies after being raped" (p.30), "raped baby found in field" (p.30) and "man held for raping daughter" (p.28). From these findings and statistics it becomes clear that the rape of children, both internationally and locally, is not a rare occurrence, and the high prevalence of CSA is a concern that cannot be ignored.

Although various explanations have been offered in an attempt to explain the high prevalence of CSA, these high levels are difficult to fathom. Madu and Peltzer (2000) suggest that one of the reasons may be the belief in some Sub-Saharan African regions that sex with a virgin girl is able to cure sexually transmitted diseases. Another suggestion is that patriarchal societies,

emphasizing unequal gender-based relations of power, accept the biologically-driven male appetite for sex (Townsend & Dawes, 2004). Within the context of South Africa, high levels of unemployment mean men have spare time to initiate an abusive relationship. Overcrowded living conditions, a direct result of poverty, often mean co-sleeping between adults and children which, although necessary to accommodate the family, may provide added opportunity for sexual abuse to occur (Townsend & Dawes, 2004). Poverty can also be seen to play a role in creating stress and predisposing parents to take on a more disciplinary and perhaps abusive role (Townsend & Dawes, 2004). While these explanations are based within the context of South African, child and infant rape is not of course limited to the South African context (Richter & Higson-Smith, 2004).

2.1.3 *The characteristics of the perpetrator*

A study conducted in Cameroon found that approximately 25% of the 104 sexually abused children in the sample had been raped by someone within the family (Menick & Ngoh, 1998). Alarmingly a Nigerian study of 553 alleged child rape survivors found that in 80% of the cases, the perpetrator was acquainted with the child, with 60% of the rapes having occurred in the child's' home (Omorodion, 1994). In a local study, with a sample of 1737 survivors of CSA, it was found that in 26 % of the cases the perpetrator of abuse was a family member, in 56% of the cases the perpetrator was someone to whom the child was familiar, and in only 18% of the cases the perpetrator was a stranger (Collings, Griffiths & Kumalo, 2005). Similarly a Cape Town study of 294 child rape survivors found that in 79% of the cases, the perpetrator was known to the child, with 58% of the rapes having occurred in the home of the child or the home of a relative or friend (Cox et al., 2007). Thus while a commonly held belief around CSA is that the perpetrators are strangers to the child, empirical research challenges this myth, revealing that in a large majority of cases, the perpetrator is in fact someone with whom the child is familiar.

2.2 Disclosure of child sexual abuse

Decisions regarding whether to disclose ones abuse, and who to disclose ones abuse to, are often difficult decisions faced by survivors of sexual abuse. There are a number of barriers to disclosure. These may include difficulties in accessing services; fears of not being believed; and fears of the medical examination, of the legal processes, of being blamed, and of the possibility of

retaliation by the perpetrator. There is also the general belief that disclosing and seeking help will ruin reputations if the stories were not kept confidential (Christofides et al. 2003). This points to the possibility of further trauma or secondary victimization for survivors. In fact it is generally acknowledged that a significant proportion of CSA survivors experience secondary victimization in the aftermath of disclosure (Bolen, 2002; Collings, 2007b; Roesler & Wind, 1994; Hershkowitz, Lanes, & Lamb, 2007; Ullman, 2003).

It has been found that the risk of secondary victimization may arise from an acceptance of rape myths among systems personnel, the failure to provide certain need requirements (such as being advised about pregnancy or HIV risk during the post rape medical examination) and the unhelpful reactions from service providers (Campbell & Raja, 1999). Secondary victimization, in the context of this study, thus refers to the negative experiences of rape survivors, after their disclosure, within the various community and societal systems from which help is sought, and includes the negative reactions of others to whom disclosure is made, as well as the non-provision of institutional services. Thus secondary victimization can be seen to occur at various proximal and distal systemic levels surrounding the individual. Understanding post-rape experiences in this way is informed by an ecosystemic perspective (Bronfenbrenner, 1994) where children's experiences are recognized as occurring at various interrelated levels of influence.

2.2.1 *Experiences of disclosure from the perspective of adults*

An international study, looking at the retrospective experiences of women who had been raped as children, found that 28% had not disclosed their rape before their research interview and close to a half (47%) did not disclose their rape until more than 5-years after they were raped (Smith et al., 2000). A study by Campbell et al. (1999) looked at how women survivors of rape can, after their disclosure, become secondary victims as the result of their experiences with the legal, medical, and mental health services and how these experiences can "hurt as much as the rape itself" (p.847). Another study by Campbell et al. (2001) found that out of the study sample who encountered the legal system, 75% of the reported rapes were not prosecuted, and less than 50% of victims who encountered the medical system received information pertaining to the risk of pregnancy, HIV, and other STD's. This same study revealed that more than half (52%) of the sample experienced the legal system as hurtful, and close to a third (29%) experienced the

medical system as hurtful. This study also found that harmful experiences were associated with elevated physical and psychological distress. The traumatic experience of rape can thus be seen to extend beyond the assault itself allowing the experience of secondary victimization to come into play.

Apart from the non-provision of services, the most common secondary victimization behaviour in the study by Campbell et al. (1999) was the case of survivors being told, by those within the system, that their narratives could not be believed, or that their case was not serious enough to be followed up. In fact, women survivors who felt it helpful to have a space in which to share their story of rape or to have someone believe them, have been found to have fewer physical and emotional health concerns in the aftermath of disclosure (Campbell, Ahrens, Sefl, Wasco & Barnes, 2001). Indeed psychological distress in rape survivors has been found to be associated with the experience of doubt and victim blaming (Campbell et al. 1999) often initiated by those to whom the disclosure is made. Survivors of nonstranger rape have been found to be particularly vulnerable to secondary victimization (Campbell et al., 1999). According to Ullman (2007) negative reactions, such as disbelief, are more likely in cases where the survivors' abuser is a relative compared to when they are an acquaintance or a stranger.

There have also been reports from mothers of sexually abused children concerning the lack of support from professionals (Plummer & Eastin, 2007a). The mothers in Plummer and Eastin's (2007a) study reported being the recipients of poor service delivery, felt they were criticized, their concerns treated insensitively, and their sexual abuse allegations deemed to be false. In a study by Sauzier (1989) CSA survivors were assessed both immediately after their disclosure and 18 months later. This study found that parents of the children had varying levels of satisfaction regarding the services they received. While mental health services were largely rated as helpful, 44% felt that their encounters with child protection services had either been of no help or had been harmful. For the families making use of the criminal justice system, 48% of these felt their experience with this system had been harmful. The police were seen as insensitive, the process of testifying was seen as too stressful, or the outcome of the court process was uncertain as only 16 from the 60 cases reported to the police resulted in imprisonment of the perpetrator. Such results illustrate how survivors of rape experience added trauma, not only when they are not sufficiently

provided with the necessary services after their rape, but also when those to whom they disclose either doubt the reality of their story, or blame them for their victimization.

A South African study has also shown that women experience difficulties and challenges after they have disclosed their rape. Christofides et al. (2003) report results from the 2001 Crime Information Analysis Centre, in which only 1 in 13 South African rape survivors laying a charge of rape or indecent assault saw their perpetrator jailed. In the year 2000, 45% of sexual assault cases were referred to court, 47% of these were withdrawn and a mere 16.5% ended with a verdict of guilty. Within South Africa, it has also been found that survivors of rape are often not provided with sufficient information pertaining to their medical examination, including how medical procedures relate to court processes. They are also given little information regarding HIV/AIDS, pregnancy, and the reasons for the administration of any medications (Francis, 2000, cited in Christofides et al., 2003). However results in this area appear to vary depending upon the region in which help is sought.

Christofides et al. (2003) carried out a cross-sectional study of sexual assault services in all 9 provinces of South Africa. Results revealed considerable variability between provinces with regards to delivery of sexual assault services, service provider's attitudes towards sexual assault, and availability of a sexual assault protocol. This study highlighted various gaps in service provision. In some cases any casualty doctor would examine the raped victim, in other cases this was done only by designated providers. Just over a quarter of medical service providers had undergone training on sexual assault with scant attention applied to the psychological, social and gender based aspects of such assault. Although the majority of patients did receive information regarding the risks around pregnancy and sexually transmitted infections (STI's), with prevention or treatment of these and emergency contraception provided, the treatment offered for STI's was not always correct, and only about two thirds of service providers offered HIV testing to victims. This was most likely due to the unavailability of post-exposure prophylaxis (PEP) at some facilities. Structural inadequacies, such as a lack of private examination rooms, were also a concern. However, the aspect of treatment most lacking across South Africa, according to this study, was the referring of rape survivors for counselling, as relationships between service providers and NGO's was unlikely (Christofides et al. 2003). Thus, not only was there a lack of provision of certain physical services but also a lack of psychological services. It may well be

that these negative perceptions regarding service delivery contribute to apathy within many rape survivors who may subsequently delay their disclosure or choose not to disclose at all.

2.2.2 *The reactions of parents to the child's disclosure*

The experiences children have with disclosure are impacted by the reactions of those with whom they interact during and after disclosure. According to Staller and Nelson-Gardell (2005) disclosure is a two-way process in which children react and process the responses of those to whom the disclosure is made. Regehr (1990) explains how, after coming to learn that their child has been sexually abused, parents are expected to deal with their own reactions and feelings towards the abuse as well as to attend to the specific needs of their child. Common feelings expressed by parents include guilt from the belief of having failed as a parent, ambivalent feelings towards the abused child, and ambivalent feelings towards the perpetrator. Parents may also express grave concerns regarding the investigative processes that follow disclosure (Regehr, 1990). In cases where the perpetrator is the biological father or a father figure to the child, mothers' become particularly traumatized after the abuse has been disclosed, and may experience symptoms such as headaches, fatigue, anxiety, guilt, anger, depression, and insomnia (Mayekiso & Mbokazi, 2007).

It has been shown that children have enhanced mental health and social functioning when their experience of disclosure is met by the protection and support of their mothers (Lovett, 2004). In a study by Broman-Fulks et al. (2007) it was found that disclosure to mothers was associated with lower risk for delinquency and Post Traumatic Stress Disorder in a sample of adolescents. While the significance of the relationship between the child and the guardian cannot be underestimated when exploring the experiences of the child survivor in the aftermath of disclosure (Bolen & Lamb, 2002) the reactions of significant others in the child's life should also not be ignored. It appears literature in this area focuses largely upon guardian and in particular maternal support for children, with the exclusion of other supportive figures such as friends or community members, whose reaction to disclosure may also impact upon the child's post-abuse experience.

2.2.3 *Patterns of disclosure in children*

Collings et al. (2005) developed a model of disclosure that acknowledges both the role of children and significant others in the reporting of CSA. While children may engage in self-disclosure, the role of others in detecting CSA cannot be underestimated. In fact, Collings et al. (2005) found that in 61% of the cases the primary medium of disclosure was through detection by community members, compared to 39% of the cases in which the child self-disclosed.

The four categories of disclosure identified by Collings et al. (2005) include purposeful, indirect, eyewitness detection, and accidental detection. Results of this study showed that 30% of the children purposefully disclosed; in other words explicitly verbally disclosed their abuse, and 9% of the children in this study indirectly disclosed; in other words rather than explicitly disclosing they created a concern that something was wrong by the way they spoke. Jensen et al. (2005) in their Norwegian study on children's perspectives of disclosure found that children battled to find situations in which they felt there was enough privacy, and enough prompting for them to share their story of abuse. These authors found that in cases where disclosure did occur, it was in situations where the theme of CSA had, in some way, been raised, or when cues given by the child had been recognized and further explored. It was also found that these children were more likely to disclose in situations in which they had been removed from the presence of the perpetrator.

Eyewitness detection, whereby the sexual abuse was witnessed and reported by another party, occurred in 18% of the cases in Collings' et al. (2005) study, and accidental detection, whereby another party became concerned about a child as the result of observable injuries or changes in their behaviour or emotional states, occurred in 43% of these cases. Purposeful or indirect disclosure were preferred strategies for the youngest and oldest children, while the middle age group (7-to-9-year-olds) were more prone to have their abuse detected by others.

These results can possibly be understood in terms of developmental issues. While younger children may not realize how they alert others to their abuse by the things they say, children in the middle age group are more able to control what they say, and thus the likelihood of indirect disclosure is reduced. On the other hand, older children, realizing the abusive nature of their

experiences, are more likely to purposefully disclose their abuse (Collings et al., 2005). Often adolescents, although experiencing much ambivalence, disclose their abuse in situations in which they are reacting in anger, in which they perceive the abuse as unfair, or in situations where the abuse of a sibling is threatened or is actually occurring (Sauzier, 1989). The fact that adolescents have more social opportunities outside the home may also contribute to higher levels of disclosure amongst this age group. Adolescents are often less fearful, compared to younger children, about upsetting others and causing potential familiar disruption as the result of disclosure (Smith et al. 2000).

Looking at rates of disclosure, an American study revealed that 24% of children disclosed their abuse within a week of it occurring, 21% within a year, 17% disclosed after more than a year, and 39% did not disclose at all (Sauzier, 1989). This study also revealed that the majority of children disclosing their abuse immediately were more likely to have experienced abuse in the form of exhibitionism or attempted abuse rather than penetrative intercourse. More recently Smith et al. (2000) found, in their retrospective study of child rape survivors, 28% of the sample disclosed their rape for the first time during the research interview, and nearly half (47%) reported not having disclosed for over five years after they had been raped. This same study revealed that 4 out of 5 (80%) child rape survivors did not report their rape within 24 hours of it occurring, and only 1 out of 4 (25%) reported the rape within one month. In a more local study, Collings et al. (2005) report that 47% of CSA cases were reported within three days of the abuse, 31% within three days to one month of the abuse, and 22% of the cases were reported more than a month after the abuse occurred. Delays in disclosure of CSA are thus common, and cases in which children immediately disclose their rape are atypical rather than the norm (Smith et al. 2000; Staller & Nelson-Gardell, 2005).

2.2.4 *Barriers to disclosure*

Although there is limited child-centred research in this area, studies seem to reveal a considerable number of barriers and concerns faced by children concerning their disclosure. A study by Mudaly and Goddard (2006), which is similar to the current study, was conducted in Australia. These authors report various thoughts and concerns children faced when disclosing abuse, all of which have the potential to contribute to their delaying disclosure. Children reported feelings of

hesitancy and ambivalence concerning disclosure to their parents. There was also the experience of receiving less support with greater detail of the abuse, of feeling embarrassed, and of people not believing the child's story (Mudaly & Goddard, 2006). Children have been found to be sensitive to the reactions of those to whom they disclose, and to have doubts concerning misinterpretation of their stories (Jensen et al., 2005). It has been found, amongst a sample of college students, that disbelief of their stories was more likely in cases where the perpetrators were relatives compared to when they were acquaintances or strangers, particularly when their disclosure occurred during childhood (Ullman, 2007). However it is not only the assurance that they will be believed by others that encourages children to disclose. Staller and Nelson-Gardell (2005) found that the girls in their study found it more important that they believed in themselves in order to accommodate for any potential disbelief from adults.

Mudaly and Goddard (2006) also report threats made by perpetrators in which the child felt compelled to keep the abuse secret for fear of what may happen if they told. Such threats may take various forms such as predicting negative outcomes for the child or the child's family (Paine & Hansen, 2002). There can also be the fear of what disclosure may mean for the perpetrator, and sadness concerning a broken relationship where the perpetrator is a significant person in the child's life (Mudaly & Goddard, 2006). More specifically, results reveal that children often feel confused in cases where the perpetrator is a family member. One 18-year old female in Mudaly and Goddard's (2006) study stated this confusion clearly when she said, "the thing that people don't understand is that yes, your dad may abuse you or your mother or whatever, but you still love them…they're still your parents and you don't want to lose them" (p.93). Children abused by a family member may have to deal not only with the effects of the abuse, but also with a sense of grief and loss in cases where the perpetrator is removed from the child's life (Staller & Nelson-Gardell, 2005). It has also been shown that children are more hesitant to report abuse by a family member, and in such cases their abuse is less likely to be detected by an eyewitness (Collings et al., 2005). Children may also delay disclosure of abuse as a means of protecting their mothers and of ensuring that a breakup does not occur in the family. They also do not wish to place additional burdens on their mothers by telling of their abuse (Jensen et al., 2005).

Abused children often develop pathological relationships with, and become attached to those who abuse them (Herman, 1997). In a study by Sauzier (1989) it was found that children abused by a parent were far more likely to keep the abuse secretive, and were less likely to disclose in a purposeful manner. This study found that although 62% of child abuse cases were incestuous, with the perpetrators in the majority of remaining cases being known to the child, mixed feelings towards disclosure were exceptionally widespread. Thus children who feel less loyalty to the perpetrator are more likely to disclose their abuse sooner. Smith et al. (2000) found that younger children who had been raped by someone they know, on more than one occasion, were more likely to delay the disclosure of their rape. According to these authors, any kind of relationship between the perpetrator and the child (i.e., not only a father-daughter relationship) has the potential for the child to delay disclosure of their rape. Indeed the relationship of the child to the perpetrator and the characteristics of the abuse are just two of the contributing factors to children delaying disclosure (Hershkowitz, 2006). The role played by the gender and age of the child in disclosure appears to be debatable. While Hershkowitz (2006) found gender and age to be a contributing factor in delaying disclosure, Sauzier (1989) found that age and gender did not affect the likelihood of disclosure.

In her critical review of literature regarding child sexual abuse disclosure, Ullman (2003) found that abuse is less likely to be disclosed in cases where it is more severe, of longer duration, and where the perpetrator is known to the child. This author also found that although the relationship between children's disclosure and psychological outcome is uncertain, it appears to depend largely upon contextual factors, including the reactions of those to whom the disclosure is made. Although non-disclosure may be seen as having negative psychological effects and as being harmful, disclosing of sexual abuse may also be experienced as harmful if the individual does not receive the appropriate support from those to whom the disclosure is made (Ullman, 2003).

The means of grooming used by perpetrators further complicates and creates ambivalence in the child's feelings towards the perpetrator (Paine & Hansen, 2002). At the time of disclosure, as Killian and Brakarsh (2004) suggest, self-blame is intensified and some of the child's worst fears may become a reality. According to findings in Ullman's (2007) study, self-blame was more likely in cases where the perpetrator was a relative of the child. Herman (1997) explains how the

child begins looking for their own faults in an attempt to understand the bad thing (the abuse) that happened to them. While children are unable to change the abuse in real life, they are able to change it in their minds, as they would rather hold onto the belief that the abuse did not occur. This is done by voluntary suppression of the abuse, by denial of abuse, or through dissociative states. If this cannot be done, the child may go the route of, while personally acknowledging the abuse, seeing it as the result of his or her own "badness" (Herman, 1997). Some children feel it must be their fault and believe that by not having said *no* to the abuse, they *indirectly* suggested that it is what they wanted. The biological sensations may also have been experienced as pleasurable, which further complicates feelings of self-blame (Staller & Nelson-Gardell, 2005). These authors also found that children may situate their feelings of guilt or blame within the positive feelings they have towards the perpetrator. In other words they may feel that out of their desire to be liked, they led the perpetrator on, and thus the abuse is their fault.

Sauzier (1989) suggests that the child's sense of guilt, played on by the perpetrator, can often be reinforced by adult helpers when the children are asked the seemingly judgmental question of *why* they did not disclose of their abuse sooner. According to Sauzier (1989) children often experience fearful fantasies of what would happen if they disclosed their abuse. It has been found that children who did not disclose their abuse themselves experienced the lowest levels of hostility and anxieties, pointing to the experience of much anxiety within children who do choose to self-disclose (Sauzier, 1989).

There is also a fear of the emotional impact which disclosure may have on the child, difficulty in understanding the reasons for the abuse, and anger and fear towards the abuser (Mudaly & Goddard, 2006). In cases where a parent is the perpetrator, the child may feel complete abandonment. Not only does he or she live in danger of abuse by the offending parent, but in so many cases, he or she has to deal with the lack of action to protect the child by the non-offending parent (Herman, 1997). The results of a study by Alaggia (2001) acknowledge the role of culture and religion in influencing the meanings mothers attach to their child's sexual abuse, and the actions they take thereafter. It was found that mothers from cultures with strict patriarchal norms had difficulties with issues of loyalty towards the child as a victim, and the partner as the perpetrator. There was also fear and anxiety of being alienated from the family and community in

which she lives (Alaggia, 2001). Thus the concerns around the child's disclosure of abuse go beyond their own personal fears and anxieties. Social, religious, and cultural norms and values impact upon how the child's abuse is acknowledged and dealt with and this can negatively affect the way the child experiences life after disclosure.

2.2.5 *Experience of disclosure from the perspective of children*

Disclosure of sexual abuse is required before interventions can be applied to stop the abuse, see to its immediate effects, and reduce the likelihood of harmful outcomes. Thus the responsibility of initiating intervention and ending the abuse often falls upon the child (Paine & Hansen, 2002). However disclosure of abuse for children is a complex process often involving high levels of anxiety. Overburdened and unmotivated professionals can create secondary victimization for children by being uncaring and dismissing their concerns, or by being overly preoccupied with following certain protocols at the expense of meeting the needs of the child or the family (Killian & Brakarsh, 2004). There has been speculation that interventions following the child's disclosure of abuse may be experienced as more traumatic than the actual abuse or may at least contribute to the child's overall traumatic experience (Berliner & Conte, 1995).

As Killian and Brakarsh (2004) note, it may in some situations be better for a child not to disclose in order to protect themselves from merely being processed as another statistic. The negative comments made by children in Berliner and Conte's (1995) study were often focused around their feelings of being treated as just another case of child abuse. A retrospective study of adults, who had been physically, emotionally, or sexually abused by family members as children, revealed that the abuse usually did not end subsequent to disclosure, and that not much was done to keep the perpetrator under control (Palmer, Brown, Rae-Grant & Laughlin, 1999). Results from the study by Berliner and Conte (1995) reveal children's experiences of continued suffering in the aftermath of disclosure. A child participant in Jensen's et al. (2005) study explained how life after disclosure was not any better for her. It seemed that losing her family as a result of disclosure was just as bad as having been abused. However these negative feelings towards disclosure are not universally expressed by all CSA survivors. Staller and Nelson-Gardell (2005) found that a great sense of relief was experienced after disclosure by many of the girls in their

study sample. In a study by Berliner and Conte (1995) children reported primarily positive and helpful experiences regarding the services received in the aftermath of their disclosure.

Results of an American study, looking at the relationship between disclosure and mental health in adolescents appears to reveal better mental health outcomes in cases of disclosure. Adolescents were found to have lower risk for delinquency and major depressive disorder when disclosure occurred within one month of the assault (Broman-Fulks et al., 2007). Similarly in their retrospective study Ruggiero et al. (2004) found the prevalence of Post Traumatic Stress Disorder and major depressive episodes to be significantly higher in cases where the women had waited more than a month before disclosing their rape. Such results point to the important role played by those to whom the child discloses. The way they respond to the abused child can have long-term impacts upon the child's social and mental health.

With disclosure children are often faced with, not only involvement of family members or those to whom the initial disclosure is made, but also involvement by medical professionals, the police, child protection services, and various counsellors. As Berliner and Conte (1995) explain, once professionals become aware of abuse, they are required to report it to law enforcement or child protection authorities. At the same time, children are commonly referred for both medical and mental health assessments in the aftermath of their disclosure. Mudaly and Goddard (2006) found that while some children had positive experiences of various interventions, some experienced professionals as unhelpful and prone to siding with adults, rather than listening to the child's side of the story. Child protection or child welfare services may unintentionally disrupt the abused child's living circumstances and alter arrangements involved with the child's schooling in cases where the child is removed and placed in foster care (Staller & Nelson-Gardell, 2005).

Concerning children's experience of the police services, Mudaly and Goddard (2006) again found varying outcomes. Some experienced it as reassuring and felt pleased with their contact with the police. Other children felt the police were incompetent and found talking to them frightening and uncomfortable, or that they were pushed into giving details they were not ready to give. Staller and Nelson-Gardell (2005) also found varying experiences of the legal system. While some felt the police were supportive and sympathetic, others found the thought of testifying in court scary

as they felt they had less power over the whole situation. Thus children have been shown to have varying degrees of both helpful and harmful experiences in the aftermath of disclosure (Mudaly & Goddard, 2006; Staller & Nelson-Gardell, 2005; Berliner & Conte, 1995).

It is interesting to note in the literature that the focus of unhelpful experiences for child survivors of sexual abuse was not necessarily based upon having to undergo the medical examination or having to engage in court proceedings. One would expect that the medical examination, for instance involving touching of the child's genitals and drawing of blood for testing (Berliner & Conte, 1995) would be experienced as traumatic. However the children were found to be more unhappy with the way they were left uninformed and not consulted about issues relating to reporting of the abuse, felt their abuse was minimized and their accounts were overlooked, felt they were not given provision for their testimonies to be heard in court, or that the court did not adequately deal with the perpetrator (Mudaly & Goddard, 2006). Thus while it is often assumed that the most traumatic experience faced by children after disclosure of their abuse is likely to be the medico-legal examination, or their stressful involvement in court proceedings, such assumptions have not found empirical support. In fact, more important for children would appear to be their desire to feel respected, to be informed of the processes following their disclosure, to be acknowledged for their abilities, and not to be discounted (Berliner & Conte, 1995). This reflects the importance of a child-centred perspective in dealing with such issues as children's accounts of their experiences in the aftermath of disclosure may well be different to those of adults, and different to the way adults assume children's experiences to be.

2.3 The current study

Despite high prevalence rates for CSA, research involving abused children has been repeatedly neglected (Mudaly & Goddard, 2006). In one way, overlooking CSA from the perspectives of the child serves as a means of protecting ourselves as researchers. In their child-centred research Mudaly and Goddard (2006) reported being deeply emotionally affected by listening to the narratives of sexually abused children. Researches tend to shy away from the more difficult and emotionally draining experience of listening to the horror stories of CSA coming from the mouths of children.

2.3.1 The shift to a child-centred perspective

A child-centred approach in research keeps children at the fore at all times, while encouraging children to become involved in that which affects them (Mudaly & Goddard, 2006). Allowing abused children to become involved in research can serve to empower them, as it has the potential to change the way society perceives children by providing a means through which children's voices can be heard (Mudaly & Goddard, 2006).

In terms of methodological issues, it has been suggested that the researcher, in conducting interviews with children, adopt the role of researcher rather than that of counsellor. As therapists, adopting the role of researcher and refraining from assisting children to cope with the possible distress felt from the telling of their stories can prove to be a difficult task (Mudaly & Goddard, 2006). This remains a thorny issue, and views vary as to the nature of the role required by the researcher of CSA experiences. With regards to the current study, the researcher interviewing the sample of children had the role of both interviewer and counsellor. This allowed the children's needs to be addressed if they became emotional or anxious during the research interview.

According to Mudaly and Goddard (2006) children feel most comfortable and able to share their experiences in an environment that is both attractive and welcoming. It is also important that the professionals working with these children are competent in doing so. They need to be capable of communicating with children at their various developmental levels (Atwool, 2000). Concerning child abuse, professionals working with these children need to be aware of the ways in which children talk about abuse and their particular use of vocabulary (Mudaly & Goddard, 2006). Using play is an important means through which children are able to express themselves. As Leibowitz-Levy (2005) acknowledges, children who have been traumatized become less able to find expression through language. Play can thus be seen as an alternative means of expression. The use of play provides a comfortable and recognized means of communicating which even adolescents are able to benefit from. One 18-year old female suggests, "Sometimes it was great because I just wanted to feel like a kid and be treated like a kid and it was a relief" (Mudaly & Goddard, 2006, p.38).

When children are given the opportunity, they are able to voice their views concerning issues that affect them. While children may be viewed as emotionally and cognitively limited, giving them

the space in which to speak provides deeper understandings of the dynamics around abuse (Mudaly & Goddard, 2006). Children participating in Mudaly and Goddard's (2006) research provided valuable feedback concerning child abuse interventions. The majority of these children were able to articulate how they thought police services and counselling services could be improved. Similarly the children in Berliner and Conte's (1995) study provided useful comments regarding the helpful and harmful aspects of intervention in the aftermath of disclosure. This evidence points to the benefits of listening to the perspectives of children.

2.3.2 Critiques of previous studies in child sexual abuse

It appears, from this review of the literature, that there are a number of limitations regarding CSA research. Firstly, many studies looking at the experiences of children in the aftermath of disclosure rely upon adults' retrospective accounts (Finkelhor, Hotaling, Lewis & Smith, 1990; Jonzon & Lindblad, 2004; Kellogg & Huston, 1995; Palmer et al., 1999; Ullman, 2007) while failing to explore the experiences from the perspective of the child. Ullman (2003) reports that although previous studies have obtained valuable information concerning secondary victimization, there has been very little emphasis on child-centred perspectives.

Secondly, most research on children's experiences of disclosure is deficit bound. It seems that the focus of most studies regarding the effects of disclosure has been on harmful experiences, with a relative neglect of possible helpful experiences. Ullman (2003) points to the lack of studies regarding the positive impact of disclosure and the moderation of this impact by the reactions and support of those to whom the disclosure is made. In a study by Berliner and Conte (1995) it was found that a sense of relief following disclosure was experienced by 69% of the total sample, with more than half (54%) of the children describing the initial reaction of disclosure by others as supportive. This same study found that a large majority of children reported extremely positive views regarding their treatment by various professionals, and that they had felt better after their contact with such professionals. Thus, as Berliner and Conte (1995) have pointed out, the experiences of children may not all be negative and may not be focused around particular experiences within the medical or legal processes that follow disclosure, but rather with the way children are dealt with within these processes. The negative comments reported by the children in Berliner and Conte's (1995) study were not focused upon them having to face difficult situations,

as was previously assumed, but rather upon them feeling that they were merely another case of child abuse, and that they were not treated with respect or not informed during the processes following disclosure. The current study attempts to address these two shortcomings, firstly by adopting a child-centred perspective and secondly by focusing on both helpful *and* harmful experiences.

Another criticism by Ullman (2003) regarding previous research in this area is that it has focused on particular groups of respondents in particular periods of time. In other words, the results of these studies are not representative of the population from which they were sampled. Although the sample size for the current study is small (n=20) it can be seen to be representative of the larger population as the demographics of the sample are relatively similar to the demographics of CSA survivors in the study area (Collings et al. 2007).

Lastly, it was noted that a dominant focus in many of the studies in this area was on guardian, and in particular maternal support, for sexually abused children (Alaggia 2001; Bolen & Lamb, 2002; Bolen & Lamb, 2007; Lovett, 2004; Mayekiso & Mbokazi, 2007; Plummer & Eastin, 2007b; Regehr, 1990). Other levels of support, such as that expressed by friends or community members, are not fully acknowledged in the literature. By organizing data within an ecological model (Bronfenbrenner, 1994) this study will attempt to conceptualize these experiences within the various levels surrounding the individual. Townsend and Dawes (2004) made use of such an approach in order to generate an understanding of the multiple levels of risk factors impacting upon CSA. However, up to this point, available research has not sought a systematic conceptualization of the experiences of sexually abused children using an ecosystemic perspective.

2.3.3 Conceptual framework

In order to provide a useful means of organizing data during the analysis of interview transcripts, a conceptualization of Bronfenbrenner's (1994) ecological model was utilized in the current study. Bronfenbrenner provides an understanding of human development as it occurs across the lifespan, while being shaped by both immediate and distal influences (Petersen, in press). These influences are seen to occur within various systems surrounding the individual, including the

microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem. Although these systems do not form discrete layers surrounding the individual, they provide a useful way of thinking about the various influences impacting upon them.

The microsystem is seen to include reciprocal relationships within the individual's immediate environment. Considering the individual as a child, these would for example include the relationships the child has within the family, peer group, neighbourhood or school (Bronfenbrenner, 1994). The microsystem thus accounts for the child's interpersonal relationships and involves those with whom the child has immediate and everyday engagement. The mesosystem, as Petersen (in press) explains, includes an individual's collection of various microsystems and the links occurring between these microsystems. An example here may be the two-way communication between teachers and parents which impact upon a child's development at school (Epstein 1983).

As Petersen (in press) further explains, the exosystem pertains to more distant influences, which although not directly involving the individual, nevertheless impact upon their development. This system occurs largely at the institutional level and includes, for example, social welfare or legal services, the extended family, or neighbours. The macrosystem can be seen as the "societal blue-print for a particular culture or subculture" (Bronfenbrenner, 1994, p.40) and includes, for example, bodies of knowledge, ideologies, opportunities and belief systems. This level of influence impacts on the individual through socially mediated attitudes or beliefs that inform the way the individual behaves. Lastly the chronosystem refers to the passage of time as changes occur both within the individual and the surrounding environment. Changes over the course of life may occur in the structure of the family, in employment, place of residence, or socioeconomic status (Bronfenbrenner, 1994).

Although Bronfenbrenner's (1994) ecological model of human development is presented above in its entirety, the current study focused predominantly on four levels of influence, including the individual, the microsystem, the exosystem and the macrosystem. This study has examined both helpful and harmful experiences of children in the aftermath of disclosure. Their experiences can thus be organized around these four systemic levels. Personal characteristics of the child, falling

within the level of the individual, may influence the child's experience after disclosure. These may include, for example, the way the child perceives the reactions of others or their tendency to focus on the positive (helpful) or the negative (harmful) experiences. Interpersonal experiences fall within the microsystem and will include the reactions of significant others in the aftermath of disclosure. For example, the reaction of the first person to whom the child discloses may be either helpful or harmful for the child. Once the child has disclosed, the reactions of family members, peers and others within the child's immediate environment will have a profound impact on the way the child experiences life after disclosure.

The exosystem, occurring at the institutional level, would encompass the child's experiences with medical services, in particular the medical examination after the rape, welfare services, the court or police, counselling services, or NGO workers. Lastly, the macrosystem encompasses socially mediated attitudes or beliefs in relation to children and child rape. Myths and stereotypes around rape, as well as statutory requirements regarding the reporting of CSA cases, may influence the experiences of children in the aftermath of disclosure. The child's helpful and harmful experiences are thus conceptualized, in the current study, in terms of intrapersonal, interpersonal, institutional, and macrosystemic level influences.

2.3.4 Aim and rationale

There is limited knowledge concerning how children think and feel about disclosing their abuse (Mudaly & Goddard, 2006). By adopting a child-centred perspective the current study sought to look at the experiences of child rape survivors following disclosure. Through this emic perspective, the study aimed to explore the personal views of children and their ways of seeing the world. The study thus aimed to investigate the question of how children experience the aftermath of disclosure.

More specifically, this study sought to answer the following questions:

1. What are some of the *helpful* experiences of children after disclosure of sexual abuse?

2. What are some of the *harmful* experiences of children after disclosure of sexual abuse?

By adopting an ecosystemic framework, this study sought to conceptualize these experiences at the various systemic levels surrounding the child, thus providing a more comprehensive understanding of the child's experiences. It appears that such a research approach to CSA is necessary considering the limited number of studies which have adopted a child-centred perspective, and the lack of research which has conceptualized these experiences across the full range of influences.

While CSA is an international concern, it is also a grave concern within the context of South Africa. It is hoped that by allowing a space in which children are able to share their stories we will better be able to understand the dynamics around CSA and the experiences of children in the aftermath of disclosure. Such information is valuable in order to improve the services provided to children after they have been abused and to protect against secondary victimization.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

The children participating in this study were sampled from a Non-Governmental Organization – a crisis center dealing with issues affecting abused children. Located on the south coast of KwaZulu-Natal, this NGO serves a predominantly semi-rural population. The staff and trained Child Safety Officers working for this NGO accompany the child from point-of-rescue, where the child rape has been disclosed, through all the proceedings following disclosure, including the visit to the police where statements are made, the hospital where a post-rape medical examination is performed, and the court proceedings where the perpetrator is put on trail.

The first step in sample collection, undertaken by the larger *KwaZulu-Natal Child Rape study*, was to set up a treatment unit for child survivors of rape, in order to offer counselling services to both these children and their parents. The director of this NGO was approached and it was requested that these counselling sessions be used as part of a research study. Permission was granted and a registered Counselling Psychologist from the University of KwaZulu-Natal, who became the children's therapist, interviewed the children in their first language of isiZulu.

3.2 Generation of study sample

The sample for the study was generated in two phases. The first phase involved a pilot study whereby the proposed methodology was pre-tested in order to evaluate the study procedures. This pilot study was carried out in 2006 on 8 child rape survivors of different ages reporting to the above mentioned NGO. All these children had already reported their case to the police, had visited the hospital and undergone the post rape medical examination, and had participated in court proceedings. After having been assisted through the post rape procedures, the children attended counselling sessions with a registered Counselling Psychologist. Information for this study was gathered from the interviews conducted with the children by the Psychologist.

Preliminary interpretations of the children's responses were made, and these were presented to the children in order for them to agree or disagree with the interpretations. This procedure provided a means of validating researcher interpretations. This pilot study confirmed the workability of the data collection procedures, and demonstrated that the questions asked of the children were effective in generating the required information.

The second phase included the 8 children sampled for the pilot study into a larger sample of 20 child rape survivors between the ages of 5 and 17. This second phase was carried out between the end of 2007 and the beginning of 2008, over a 6 month period. The sample size was determined by a continual interviewing of additional children until no new information was being generated. In other words, interviewing continued until redundancy was reached and this occurred at a sample size of 20 children.

3.3 Sample characteristics

Sample characteristics are presented in Table 1. The sample (N=20) was predominantly female, with an average age of 12-years (ranging between 5 to 17 years). Although the sample was one of convenience, in that it was collected by means of parents or caregivers presenting at the NGO with a child rape survivor, respondents were similar in many respects to the profile of child rape survivors who report their abuse in the KwaZulu-Natal region (Colllings et al., 2007).

3.4 Data collection

Data were collected by means of focused interviews carried out on the sample of 20 child rape survivors. The questions required for this study formed part of the initial intake interview between each child and the Psychologist. The initial question was broad and open-ended and simply asked the child to tell the Psychologist everything that had happened since the disclosure of abuse. The interviews then became more focused as the child raised particular issues. If the child did not independently raise issues regarding their helpful and harmful experiences, these issues were raised with them in the interviews. Importantly, in telling their stories, children were allowed to express themselves either verbally or through the use of drawing. The interviews were

all tape-recorded and lasted between 25 minutes and an hour. These interviews were then transcribed and translated into English, with translations being re-checked for accuracy.

Table 1.

Sample Characteristics

Child	Gender	Age	Perpetrator	Location
Child 1	F	5	Uncle	Victim's home
Child 2	M	6	Acquaintance	Perpetrator's home
Child 3	F	7	Acquaintance	Perpetrator's home
Child 4	F	8	Acquaintance	Public place
Child 5	M	10	Stranger	Public place
Child 6	F	11	Brother	Victim's home
Child 7	M	12	Acquaintance	Perpetrator's home
Child 8	M	12	Acquaintance	Perpetrator's home
Child 9	F	12	Uncle	Victim's home
Child 10	F	13	Father	Victim's home
Child 11	M	13	Acquaintance	Perpetrator's home
Child 12	F	14	Acquaintance	Public place
Child 13	F	14	Acquaintance	Perpetrator's home
Child 14	F	14	Uncle	Victim's home
Child 15	F	14	Acquaintance	Perpetrator's home
Child 16	F	15	Acquaintance	Neighbourhood
Child 17	F	16	Acquaintance	Perpetrator's home
Child 18	M	16	Stranger	Neighbourhood
Child 19	F	17	Acquaintance	Perpetrator's home
Child 20	F	17	Uncle	Victim's home

3.5 Rationale for selected methodology

Following the tenets of a child-centred perspective, the current study aimed to understand the experiences in the aftermath of disclosure from the viewpoint of the child. A qualitative methodology was deemed as the most useful means of meeting this aim. According to Mudaly and Goddard (2006), since much of the information around child abuse has historically been obtained using the positivist methods of social science, the subjective experience of abused survivors has not been investigated. In adopting a qualitative methodology, allowance is made for the reflection of the many and different realities of those whose voices were previously silenced (Mudaly & Goddard, 2006).

3.6 Ethical considerations

Research centered on the perspective of children involves the reporting or telling of experiences by children themselves. In conducting research in which children are the primary participants there are a number of important ethical issues which need to be considered (Hill, 2005). As Mudaly & Goddard (2006) have pointed out, involving children in non-therapeutic processes such as research, can add to their traumatic experience. Asking children to relive a traumatic experience in the telling of their stories can be distressing as the content is of such a sensitive nature. It is important, in research with abused children, to consider the likelihood of such children feeling re-traumatized as the result of involvement in the research; the balancing of research objectives with children's vulnerabilities; whether or not such children are able to provide informed consent; the extent to which information regarding the study should be provided to such children, and the assurance of anonymity and confidentiality (Mudaly & Goddard, 2006). The requirements of research need to be balanced with fun, ethical principles, and awareness of potential risks to children involved (Mudaly & Goddard, 2006). It is also necessary that the child's family or immediate caregivers be involved in interaction with and treatment for the child. The extent to which involvement of family or caregivers occurs is determined by a combination of the child's needs and the caregiver's abilities (James, 1990).

Since the current study is part of the larger *KwaZulu-Natal Child Rape study* ethical clearance was obtained in 2003, at the start of this larger study, from the Faculty of Community and Development (CAD) at the University of KwaZulu-Natal, now called the Faculty of Humanities, Development and Social Sciences. Informed consent for the current study was obtained from each parent who brought their child to the above mentioned crisis center (Appendix 1 & 2). The informed consent form, given to each parent or caregiver involved, explained the study and the procedures that were to follow. In addition, the research study was briefly explained to each child who was then asked if they would like to participate. Assent was thus obtained from each child participating in the study. No children or caregivers refused to participate.

Being aware of the distressing nature of the re-telling of a traumatic experience and the subsequent likelihood of the child becoming re-traumatized through involvement in such a study, the children were interviewed within a therapeutic context. Thus, in the likelihood of a child becoming distressed, the child's Psychologist was present and could provide the necessary professional care. During the study, two of the children requested an end to their involvement in the research. Their request was honoured, but despite no longer being involved with the study, their therapy and counselling services continued.

3.7 Analysis of data

Data were analyzed thematically using the steps suggested by Terre Blanche, Durrheim and Kelly (2006) for interpretive data analysis, and guided by Bronfenbrenner's (1994) ecological model of human development. Thematic analysis can be seen as "a method for identifying, analysing and reporting patterns [themes] within data" (Braun & Clarke, 2006, p.79). It is not seen as being bound by any pre-existing theoretical framework, but rather as a method that allows the researcher to both reflect the reality of individuals, and to unravel the surface representation of this reality (Braun & Clarke, 2006). Although the themes identified in the analysis were organized into four systemic levels, the intrapersonal, interpersonal, institutional and macrosystemic levels, the analysis took on an inductive level as the themes which were identified were directly connected to the data (Paton 1990, in Braun & Clarke, 2006).

Step one of the analysis involved *familiarization with and immersion in the data* (Terre Blanche et al., 2006). During this step, the 20 interview transcripts were read and re-read many times over in order to look for patterns of meaning, or areas of particular interest (Braun & Clarke, 2006). Notes were made in the margins of the transcripts during this process. As suggested by Terre Blanche et al. (2006) by immersing oneself in the transcripts, the researcher was able to become familiar enough with the data to know more or less what kind of information was found where.

Step two involved the *induction of themes*. According to Terre Blanche et al. (2006) induction denotes the inference of general rules from specific examples. The data were thus examined by looking at common ideas or experiences emerging from the specific experiences of each child. The third step of data analysis involved the *coding* of the themes generated from the previous step. Here various portions of the data were marked according to their relevance to one or more of the generated themes (Terre Blanche et al., 2006). In order to carry out this step, photocopies were made of the transcripts which were then physically cut into smaller sections and grouped under the various themes. Thus, experiences or remarks that were originally far away from each other were brought closer together (Terre Blanche et al., 2006).

Step four of data analysis concerned the *elaboration* of themes. Here themes were more closely explored and coding was revised and refined (Terre Blanche et al., 2006). During this step, some of the original themes were dropped as they lacked sufficient codes, other themes were joined together, and others were expanded. The final step of analysis involved the *interpretation and checking* of themes and codes (Terre Blanche et al., 2006) and the writing up of the analysis findings.

Since the children in the sample population range from the ages of 5 to 17, the differing perceptions of children in different age groups was also examined during the analysis. The analysis involved not only written transcripts but also pictures drawn by some participants, in particular the younger ones, in order to describe or explain their experiences. This was carried out with the expectation that the age of the child, and the child's developmental level, may impact upon the way they experience life after disclosure, and the way they tell their stories.

CHAPTER FOUR: RESULTS

A total of nine themes were generated from the analysis. Using Bronfenbrenner's (1994) ecological model as a means for organizing the data, themes are ordered under intrapersonal, interpersonal, institutional or macrosystemic levels of influence, and are viewed as either helpful or harmful experiences of the child in the aftermath of disclosure. Where possible, themes are expressed in the words of the children themselves.

4.1 Intrapersonal levels of Influence

4.1.1 The rape hurt me the most

Twelve (60%) of the children spoke of how the rape itself had caused them the most pain, and had been their most harmful experience. Five of these children were aged 12-years old or younger, and seven were between the ages of 13 and 17. Thus the experience of the rape itself as being the most harmful was relatively uniform across ages. Such physical harm is explicable considering the underdeveloped physical structure of the child's body to perform sexual acts.

When the children were asked what their most painful experience was, or what upset them most about what happened to them, some of the responses were:

> *I think it's what happened to me, and the person who raped me* (age 10).

> *I felt a lot of pain by the man who raped me* (age 15).

> *It is the fact that I was raped* (age 7).

The last child in the above examples (age 7) also depicted her experience through the medium of drawing (Figure 1). The long arms of the perpetrator, depicted in the drawing, clearly portray the obvious disempowerment experienced by the child rape survivor. Considering the physical weakness and under-developed body of the child, in comparison to the perpetrator, it is not surprising that the rape itself can be experienced as causing the most pain.

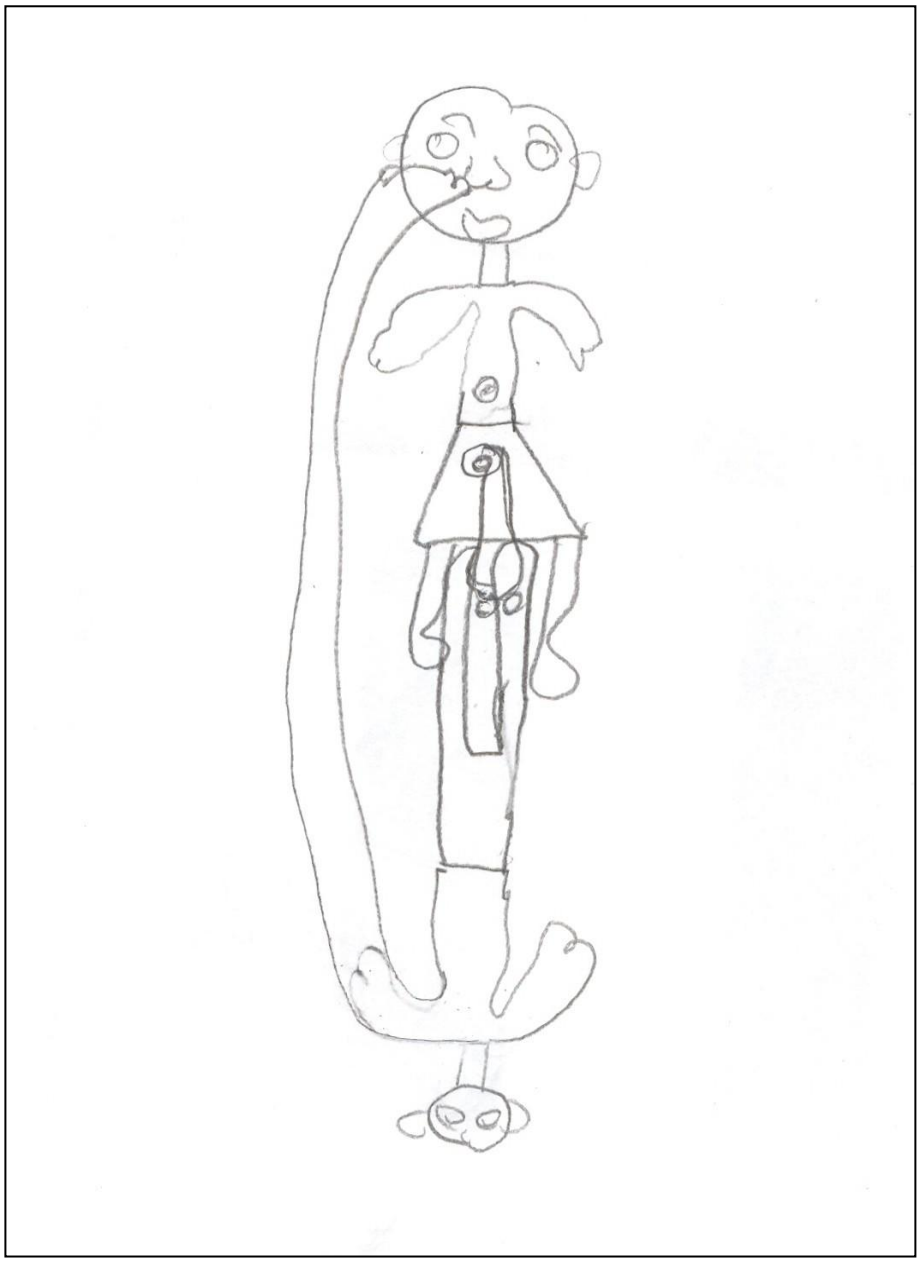

Figure 1: *It is the fact that I was raped* [that was most upsetting] (age 7).

4.1.2 I didn't expect it from him

In this study, the perpetrator of rape was predominantly known to the child (90%), being either a family member (30%) or an acquaintance (60%). Such findings challenge the myth that perpetrators of child rape are strangers. When the origin of a child's trauma is within the family, the child experiences a "crisis of loyalty" (Summit, 1983). Being raped by someone they are familiar with complicates the child's experience of rape, as it adds the *harmful* dimension of deception. Not only is the child dealing with the physical and emotional consequences of being raped, but also with the deceit they have experienced by being raped by someone they know and/or love.

Such feelings repeatedly emerged in the responses of the children talking about how they were raped. This theme of deception and unexpectedness falls within Bronfenbrenner's (1994) *intrapersonal* level, as it assists in describing the child's personal experience of being raped. The findings of the analysis indicate that this experience of being tricked, deceived, and let down by the perpetrator was consistent across ages, and was felt by both the younger (age 12 and below) and the older children (age 13-17).

Experiences related to deception vary and include, for example, children being tricked into entering the home of the perpetrator and subsequently being exploited. For example:

> *We were playing at his place and he called us, both of us, and he said we should go inside the house because he wanted to give us sweets. He said we should go inside and we went* (age 12).

> *Uncle…called me to his room to go and sweep for him. I went and swept and he said, 'hey sleep here'. He took my clothes off, and he took his clothes off* (age 14).

Some of the children explained how they did not expect to be harmed and had felt safe, rather than in danger, while in the presence of the perpetrator before being raped. For example:

> *This is when I realized that he was mischievous and to me he looked clean. I never suspected that* (age 10).

> *Because I did not tell myself that when that man said we must talk would turn around and do something so painful* (age 15).

> *She* [the child's friend] *did not think that he could do something to hurt me. I also did not think that he could do something to hurt me* (age 17).

> *I went and peeped to see who it was. I saw that it was my uncle, and I went back to the bedroom and relaxed. As I was sitting there he came in…and raped me* (age 17).

4.2 Interpersonal Levels of Influence

4.2.1 Familial and community reactions can help or harm

The experiences of the children regarding the reactions of family members were highly varied. The reactions of others fall within the *interpersonal* level and impact upon the helpful and harmful experiences of the child in the aftermath of disclosure. Some children described the helpful experiences stemming from a supportive family, while others described the opposite. From the sample of children, 7 (35%) expressed how they had received help from various family members, including parents, siblings, and extended family. Help was conveyed through family members assisting the child by taking him/her to the various places such as the police station and the hospital. Help was also conveyed through family members refusing to drop the charges against the perpetrator and thus standing by the child, as well as assisting the child by protecting him or her from the perpetrator.

On the other hand, certain children expressed lack of support and no help from their families. Examples of such harmful reactions include the child being rejected by the family, the failure of

the family to actively assist the child, blaming the child for what happened, not understanding the nature of the rape, and denying what had happened and thus not believing the child's story. For example:

> *At home they did not understand what happened, and they were saying I was supposed to talk to no one as I was sent. I was supposed to have bought what I was sent to buy, and come back inside the house…and the pressure I get from home is not right* (age 15).

> *At home they said they don't want me* (age 13).

> *Yes, I told my mother, she smacked me, and she blamed me saying it was my fault* (age13).

> *My grandmother was always denying that he raped me, and that is the reason he was released. I do not know how she can deny what he did, because she was always at work, and would leave me with my uncle* (age 12).

Since the family is so often tightly bound within the community in which it is a part, the reactions of community members in the aftermath of the child's disclosure may play just as significant a role as the reactions of immediate and extended family members. Children indicated the significant role played by community members in their lives in the aftermath of disclose. For example:

> *Yes, they are neighbours. She* [mother] *told them, and they came home for a meeting. In that meeting they called this guy* [the perpetrator] *and questioned him. He agreed to everything that was asked* (age 12).

While it appeared community members were involved with the child in the aftermath of disclosure, their reactions were varied. This *interpersonal* level of interaction was thus perceived by some children as helpful and by others as harmful. Some children spoke positively regarding their communities, perceiving the community as an additional means of support. For example:

> *The ____ family and the ____ family* [neighbours] *they came to see mom and to talk to her, and they would come and ask me how I felt and how I was* (age 12).

On the other hand some children's experiences of community member's reactions to their rape were solely negative. Some children perceived the community as an arena of gossip. One child expressed how he had not disclosed his rape to those in the neighbourhood because they were known to gossip. Other harmful experiences include neighbours turning away from the child after hearing about the rape, as well as turning the child into an object of ridicule. Such negative responses can be seen in the following examples:

> *The neighbours like to gossip. When you tell them about something, they will gossip about you* (age 10).

> *...our neighbours do not care, but some have turned against us. They differ in the manner they treat us. There are those neighbours who were moms' friends who have changed* (age 12).

> *No, they* [the neighbours] *did not help me. They made me a laughing stock* (age 13).

4.2.2 My mother felt bad

In addition to intrapersonal feelings towards having been raped, the findings of the analysis raise an issue related to the reaction of the primary caregiver, who in most cases was the child's mother. Many children spoke of significant others, in particular their mothers, feeling heartbroken or distressed that the rape had occurred. When asked to explain how their mothers felt in response to their rape, the most common response of the children was to say "*she felt bad*". Feelings of sadness or the expression of tears were other common responses of the child's mother. Other children described significant others as feeling hurt, heartbroken, shocked, disturbed, worried, or angry. Such reactions of the primary caregiver have a significant impact upon the child's own feelings towards having been raped. This impact can be seen in the following examples, some of which are illustrated with pictures:

Figure 2: *I was sad because my mother was hurting, and I wished I was not alive* (age 14).

Figure 3: *I felt bad when mom was crying. She cried a lot when she was calling the police. I felt very bad* (age 12).

One child spoke of how his mother could not even bare to hear him speaking of how he had been raped. He says:

> *I felt very bad, especially when mom asked me questions. Mom also felt bad. She found it difficult to listen to me when she asked me. She then told me that she would feel better if someone else told her, not me* (age 12).

The findings of the analysis thus suggest that children feel worse and express more negative feelings in cases where they have witnessed the emotional breakdown of their mothers or significant others. Thus these *interpersonal* reactions of others can be seen to contribute to the *hurtful* experiences of children in the aftermath of disclosure.

In addition, the maternal breakdown which is so clearly visible in many of the children's responses is related to the experience of disrupted routine in the life of the child. When the mother is not able to contain her deep hurt and emotional expression, daily activities are interrupted. Thus, in addition to the unnaturalness of the rape itself, the child is made to deal with the unnatural unfolding of everyday life. For example:

> *I was feeling sad, and most of the time I was crying. I could see that my mother did not like what has happened because she was not able to do her work* (age 14).

> *My mother was very sad, and she was crying. My father also cried, and my mother did not go to work, and she looked like she was thinking most of the time…I was feeling sad, and I am still sad* (age 14).

Figure 4: *I felt sad because my mother and my father cried, and he could not go to work* (age 8).

Although these results clearly suggest that children can be negatively impacted by the emotional reaction of their parents or primary caregivers, it is important to note that children are also negatively affected by the physical absence of their caregivers. Physically absent parents cannot provide the means to contain the emotions and negative experiences of the child. In death, the support and comfort of a parent cannot be given to the child in their time of need. This is a very real experience, particularly in the context of South Africa, where it is a known fact that every year children lose their parents to HIV/AIDS.

Figure 5: *My father died before I was able to share with him everything that had happened. If I could have talked to him it would have made things better* (age 12).

4.3 Institutional Levels of Influence

4.3.1 Institutional care can be helpful or harmful

The reactions of the children to the various institutions in which they found themselves in the aftermath of disclosure, were varied. The children in the sample had dealt with the police, the district surgeon and others in the hospital setting, as well as those involved in court proceedings. One child expressed the fear she experienced as she was going though the trial:

> *I felt very bad, scared because he was there also. I would see him in court, and have flashbacks of what happened, when I see him, yes* (age 17).

These feelings, although experienced within the setting of the institution, are not directed at the provision of services by these institutions. In fact, the majority of children reported that they were treated well, both during the process of giving their statements to the police, and during their medical examination by the district surgeon. Only two of the children, some of the youngest in the sample, stated they had not received help from anywhere:

Researcher: *In all the places that you went to for help, where do you think you received a lot of assistance about your problem?*
Child: *Nowhere* (age 7).
Child: *There is no place that I got help from* (age 5).

However, on the whole the children articulated many *helpful* experiences in their interactions with those at the various *institutional* levels. When asked about their experiences with the police and at the hospital a common response was "*I was treated well*".

Eight (40%) of the children stated how they had experienced their visit to the hospital as helpful. In particular, there were no signs of distress expressed by any of the children regarding their experiences of having to undergo the post-rape medical examination. In fact, not only was there no sign of secondary victimization, but many of the children expressed relief after having visited the hospital. This relief took two forms. For some children the relief came from the fact they were

HIV negative, a fact determined by the HIV/AIDS test conducted in the hospital setting. For others, the medical examination provided a means of 'proving their stories to be true' by showing they had in fact been raped. Some examples of how the children responded to their experiences within the institution of the hospital can be seen below:

> *The other thing that makes me happy is that they did an HIV test, and they found that I was negative* (age 14).

> *It is at* [the hospital] *because they helped me by testing me for the HIV, and they found that I do not have it* (age 14).

> *They treated me well* [at the hospital]*, they did a medical examination, and they found out that I was truly raped* (age 13).

> *It is the hospital where I feel I was helped, because they checked us and gave us medication, and we were able to go to the police* (age 12).

The experiences of the children in their interactions with the police were also primarily helpful. Specifically, 6 (30%) of the children articulated positive experiences with the police. Children appeared to believe the police were helpful because they had gone after the perpetrators and arrested them. There was also evidence that the re-telling of their story of rape, required for the police to make a statement, was more therapeutic than distressing. It appears the situation allowed a space in which the child could speak, and a place in which careful attention was paid to every word they said. Some of the children's responses regarding their feelings towards the police can be seen below:

> *The police also helped me by arresting him* (age 14).

> *I felt better* [with the police] *because I told them the whole story, and they wrote down everything, and told me I was going to a safe place* (age 13).

Despite the predominantly positive discourse regarding the children's experiences with the police, there was the suggestion that the child may not be immediately attended to, in particular when unaccompanied by an adult. One child, age 15, who immediately initiated going to the police to disclose she had been raped, articulated such an experience:

Child: *In the police station? I was crying, and they ignored me. They attended me after a while. I was crying all the time.*
Researcher: *How did that make you feel?*
Child: *Upset*
Researcher: *What did you wish could have happened when you reached the police station?*
Child: *I thought I was going to receive help in the police station…*

Thus this childs' intrapersonal belief of the role of the police to help her in her time of distress was not met. Although she acknowledges receiving help at the police station, the help was delayed rather than immediate, as she had expected.

4.3.2 They didn't tell me

Harmful experiences at the level of the *institution* appeared to have to do with the lack of information shared with the children as to the nature of the proceedings, and what was expected of them. Further, the findings from the analysis indicate that incidences of withheld information were experienced predominantly by the younger children – those aged 12-years and younger. Examples of this experience are expressed in the dialogue of the following children:

> *That is where we went for the first time* [the court]*; it was not quite clear to me what was going on. I did not know quite well what was going on, it was not clear to me at the time* (age 12).

> *There was no problem* [at the court] *but we were scared because we did not know what was expected of us and we did not know what to do. We got there early and they made us wait for a long time…we had to wait for a long time, scared not knowing where we were going to go…*(age 12).

You see this thing of not telling us…what made me feel sad was that the boy was released without even informing my mother. They only told us when he was released already (age 14).

4.3.3 Fear of re-victimization

The large majority (85%) of the rapes in this study occurred in a non-public place. Of the 20 rapes reported, 45% occurred in the perpetrators' home, 30% in the victims' home, and 10% in the neighbourhood. In light of this it is not surprising that child rape survivors often experience a sense of fear related to being raped a second time. Findings indicate that this fear may be related to re-victimization of the self or of others being victimized by the same perpetrator. Some of the harmful experiences highlighting this fear can be seen in the responses of the following children:

It makes me feel bad, because he won't stop, he will do it to other children (age 13).

I am scared the same thing might happen again, so that is what was hurtful (age 17).

The fear of re-victimization, although *intrapersonal* in nature, is closely related to the failure of the criminal justice system to afford adequate punishment to the perpetrator. Eight (40%) of the children spoke of their disbelief regarding the minimum punishment afforded to the perpetrator. This fear can thus been seen as a direct response of failings at the level of the *institution.* Children of varying ages reported this fear. For example:

What hurts me most is when I see him in the neighbourhood. I get scared and sad and I am no longer free to play in the neighbourhood. It makes me very sad to see him out of jail (age 12).

But one thing that was hurting was that [the perpetrator] *was only arrested for one week, and he was back at his home, and I am afraid that he will do it again* (age14)

Figure 6: *What was most hurtful to me was to hear that this guy is out of jail. When I see him now – he stays near my home, he is my neighbour – it hurts the most* (age 12).

This child (Figure 6) after originally drawing the orange outline of the perpetrator later added in the black streaks across the body. He subsequently tore his picture into small pieces and stamped it to the ground. This outward expression of emotion towards the perpetrator was related to this child's fear of being re-victimized as a result of the perpetrator living in close proximity to his home.

One child was able to articulate that despite following up on her case with the authorities after the release of her perpetrator, they still failed to afford sufficient punishment, closing her case without further investigation.

> *In December we saw uncle* [the perpetrator] *back at home. He was out of jail. I asked my mother how he could have got out of jail. Mom said I should go phone the investigating officer. I went to call him. He said he was released because he was sick, he will go back. Days went by. I called the investigating officer again. He said he does not work where he was anymore, he is working somewhere else. My mother traced the case, and she was told that the case was closed* (age 17).

One child clearly expressed that although she had believed the police would find and arrest her perpetrator, she did not experience much solace in this belief as she knew it would not be long before he was released.

> *I knew that they* [the police] *will arrest that boy. But at other times when I think to myself, I feel that even if they have arrested him it does not matter because he has done the damage, and he will come out of jail, and he will do this again* (age 14).

Limited jail sentences for perpetrators or the lack thereof, means they are released back into the communities, and often in cases of incest, back into the homes of those they have raped. Thus child rape survivors are not adequately protected, and often find themselves returning to the vulnerable position in which the rape initially occurred. The following, a segment of the conversation with a 14-year old child, clearly portrays the lack of protection that may be felt by children after they have been raped:

Researcher: *Okay, you are actually scared that he* [the perpetrator] *may do it again?*

Child: *Yes*

Researcher: *You don't have anyone who can protect you so to ensure that nothing happens to you again?*

Child: *No there is no one.*

4.4 Macrosystemic levels of Influence

4.4.1 Loss of virginity

Some of the older girls in the sample expressed concern and were hurt by the fact that they had lost their virginity as a result of the rape. Keeping ones virginity is particularly respected within the Zulu culture, and those found to be virgins at the traditional practice of virginity testing are held in great esteem (Ross, 2008). Thus remaining a virgin is not simply an act of upholding personal morals, but is rooted within culture. Loss of virginity can thus be seen as the personal experience of letting oneself down, as well as of letting down the family and the community.

Examples of feeling sad as a result of the rape and the loss of virginity can be seen in the responses of the following children:

> *I was very upset because I had never slept with a boy* (age 17).

> *It makes me feel sad because I thought I will keep my virginity. Mom was going to make me happy when I turn twenty one. She used to tell me that if I stay a virgin, when I turn twenty one she would make a party for me* (age 17).

Researcher: *You were a virgin, how did that make you feel?*

Child: *I felt upset* (age 15).

The culturally held values, beliefs and customs around virginity testing, and the seemingly honourary title of virgin awarded to girls in the Zulu culture, is thus seen to impact upon the way a young girl experiences being raped. The pain thus extends beyond the physicality of the rape

itself and involves negative feelings towards loss of virginity, and the feelings related to having let oneself and others down.

4.4.2 Silence

A theme of silence rang through many of the children's accounts of their rape, and their experiences in the aftermath of disclosure. This theme of silence took three forms. Firstly, there was the experience of initially remaining silent and withholding the disclosure of their rape. Secondly, there was a sense of children being unable to articulate their experience and to give words to what had happened and how they had felt. These can both be seen as *harmful* experiences falling at the *intrapersonal* level. Thirdly, there was also the experience in which children were not given the opportunity to talk about their rape. These experiences are seen to be embedded in a culture of silence in which children are not permitted to talk of anything of a sexual nature. This expression of silence can be seen to fall in the *macrosystemic* level of influence and contributes to the *harmful* experiences of the child in the aftermath of disclosure.

The experience of children initially remaining silent by withholding the disclosure of their rape is often the result of the perpetrator telling the child they may not tell anyone what has happened, and in some cases threatening the child if they do. For example:

> *…when I cried, he said I should not cry, if I do he will hit me, and I should not tell anyone* (age 11).

> *He raped me; when he finished he said I should not tell anyone* (age 14).

> *I did not tell her because he said if I told my mother he will kill me* (age 17).

Other children expressed a deep sense of fear after having been raped. This fear can be seen to contribute to the child not wanting to talk about what has happened to them, and thus remaining silent.

I just told her the whole story, and she asked me why I did not tell her immediately, why I kept quiet about it. I then told her that I was afraid (age 14).

When I reached home, I just kept quiet; there were a lot of things that I was thinking (age 10).

While some children appeared to have no difficulty articulating their accounts with long and detailed responses to the researchers' questions, others experienced much difficulty. The four youngest children, aged 5, 6, 7, and 8 responded briefly to questions posed by the researcher, often with one word answers and no elaboration. Not responding or responding with the phrase "*I don't know*" or "*I cannot remember*" were also common. It appears children of such a young age simply do not have the words to describe their experiences. However such silence was not restricted to the younger children. Although the older children appeared more willing and able to talk, two in particular, aged 14 and 16, were also found to respond in very limited ways with brief answers to the researchers' questions. One of these children (age 16) appeared to deny he had in fact been raped, and often responded to questions with the phrases "*nothing happened*" or "*there was nothing*".

Lastly, in relation to silence, there was the experience in which the child was prevented from speaking about the rape as a result of the adults in their lives not wanting, and thus not allowing such conversation. One child explained how, after disclosing the rape to her aunt, her aunt responded by saying nothing. Another child (age 14) clearly articulates the belief in her family that she was too young to be talking about such things:

Researcher: *Are there people who helped?*
Child: *No one, because my gran and my relatives were saying I am too young to talk about such things.*

CHAPTER FIVE: DISCUSSION

5.1 Introduction

The value of using an ecological model such as Bronfenbrenner's (1994) in organizing data is that it allowed for the exploration of the experiences of child rape survivors at various systemic levels. As the focus was on both helpful and harmful experiences of children in the aftermath of disclosure, a systemic approach more easily allowed these experiences to be pinpointed at specific levels of influence. A review of the literature in this area revealed a previous focus on one or two specific levels, rather than a systemic exploration. For example, various studies in this area have focused on parental, and in particular, maternal responses to CSA (Alaggia, 2001; Bolen & Lamb, 2002; Bolen & Lamb, 2007; Lovett, 2004; Mayekiso & Mbokazi, 2007; Plummer & Eastin, 2007b; Regehr, 1990; De Jong, 1998) while others have focused on institutional care of child survivors in the aftermath of disclosure (Campbell, 1998; Christofides et al., 2003). Here the intrapersonal, interpersonal, institutional, and macrosystemic levels of influence are explored. This is beneficial, not only to better allow for an understanding of the helpful and harmful experiences of CSA survivors, but to more effectively intervene at the appropriate level where harmful experiences have been felt.

5.2 Intrapersonal level

At the intrapersonal level, results of the current study revealed that a large majority of children (60%) experienced the rape itself as most harmful. This experience was expressed by both younger (12-years or younger) and older (13-17-years) children. Such pain can be experienced at both a physical and psychological level. As Bogorad (1998) explains, psychologically children are unprepared to deal with intense or ongoing sexual stimulation. Shame, low self-esteem, feelings of worthlessness, and feelings of being dirty, are common in children who have been abused. Other psychological consequences include suicidality, fear of being touched, phobias, obsessions, compulsions, school refusal, aggressiveness, sleep disturbances, withdrawal, and mistrust of others (Bogorad, 1998).

Although much literature has focused on these psychological and behavioural effects of CSA (Stirling & Amaya-Jackson, 2008, Vranceanu et al., 2007, Finkelhor & Browne, 1985) there appears to be a lack of focus on the physical pain and potentially lasting physical effects it may cause. However, it is not difficult to understand how the underdeveloped biological structure of the child's body can be harmed by abusive sexual acts. At the same time, it is acknowledged that physical evidence of abuse may, in many cases, be lacking. Where physical evidence does exist it may not be so overt, taking the form of, for example, pain or itching in the genital areas, subsequent difficulty in sitting or walking, bleeding or bruising in the mouth or genital areas, pregnancy, sexually transmitted diseases, or urinary infections (Bogorad, 1998). However a lack of physical evidence cannot support the absence of abuse, neither can it rule out the possible physical pain experienced by the child. While there appears to be a lack of literature pertaining to the immediate physical pain and after effects felt by the child who has been sexually abused, the current research suggests that such pain, clear in the mind of the child, adds to their harmful experience.

Another significant intrapersonal influence emerging from the current study focused on the way in which the child viewed the perpetrator before being abused. Often as the result of the close relationship between the child and the perpetrator, children reported the element of surprise and shock at being harmed by someone from whom they would never have expected the abuse. Bogorad (1998) reports that more than 70% of perpetrators are family members or someone known to the family, and that in many cases the perpetrator is loved and protected by the survivor of abuse. Similarly in their review of literature Paine and Hansen (2002) noted that not only in the majority of cases is the perpetrator known to the child, but that the relationship between the child and the perpetrator is often significant and close in nature.

In Hershkowitz, Lanes, and Lambs' study (2007) 60% of perpetrators were familiar to the child. Similarly Berliner and Conte (1995) found the perpetrator to be a stranger in only 9% of the cases, with the nature of the remaining perpetrator-child relationship being a parent, relative, acquaintance, friend, neighbour or child-care provider. In fact, both international and local literature repeatedly report that the perpetrator, in a large majority of cases, is known to the child (Speizer, Goodwin, Whittle, Clyde & Rogers, 2008; Omorodion, 1994; Collings et al., 2005; Cox

et al., 2007). The finding in the current study, that in 90% of the cases the perpetrator was known to the child, is thus supportive of other studies in challenging the myth that perpetrators are in most cases strangers and are usually hated by the survivors of abuse.

In addition, since the perpetrators in the current study were so often either family members (30%) or acquaintances (60%) of the child, it is understandable that these children spoke of how they did not expect the abuse to come from the perpetrator. These feelings of deception stem from a break in trust experienced by the child who feels betrayed by those on whom they relied. In fact betrayal is acknowledged by Finkelhor and Browne (1985) to be one of the core psychological impacts of sexual abuse on the child. These authors explain betrayal as the experience the child has once they realize they have been harmed by someone upon whom they trusted – either by the perpetrator or by the failure of significant others to protect the child from the perpetrator. Indeed initial disclosure does not always lead to intervention, as Sauzier (1989) found, either due to the child not being believed or due to the lack of action taken by the adult to whom disclosure was made.

Feelings of betrayal, broken trust, and a sense of being "taken by surprise" at the abuse inflicted by the perpetrator can be further explained by the process of grooming. Weber (n.d) describes the work of grooming as the process whereby the perpetrator increases access to the child and reduces the chances of being caught. The perpetrator engages the child, gains the child's trust, manipulates the child, and breaks down the defenses of the child by playing the role of a friend or a trusted adult. A number of children in the current study spoke, although indirectly, about the way they had been groomed. One 15-year old describes the perpetrator as happily greeting her in the neighbourhood and then assisting her with what she needed to buy at the local shop, before taking her to a quieter place and raping her. Another child explains how he would often play at the home of the perpetrator. He describes, at the time he was raped, how he was drawn into the home of the perpetrator with the offer of sweets. The process of grooming by perpetrators is common and its role in the sexual abuse of children should not be underestimated. Trickery and deception create a false sense of safety in the presence of the perpetrator. Gaining the trust and acceptance of the child before initiating the abuse further complicates the abuse experience for the child.

5.3 Interpersonal level

The interpersonal level of influence is seen to fall within the microsystem of Bronfenbrenner's ecological model. The microsystem consists of the reciprocal relationships the individual has in the immediate environment, and in the case of children may include for example, the child's relationships within the family, neighbourhood, community, peer group, or school (Bronfenbrenner, 1994). In the current study the focus of the interpersonal level is on the reactions of others, including parents, other family members, friends, and the community, to the disclosure of the child's sexual abuse.

Research has shown that while children often want to tell of their abuse, they refrain or delay in doing so, due to their sensitivity towards or fears of how others will react (Berliner & Conte, 1995; Jensen et al., 2005). Indeed the crisis of sexual abuse is not felt in isolation by the majority of survivors, as family members and friends, particularly in cases where the survivor is a child, are greatly impacted by the implications of such a trauma (Regehr, 1990).

Previous studies have revealed that the majority of adolescents disclose their sexual abuse to family members or friends, rather than official sources (Stein & Nofziger, 2008) and that mothers are often the most likely confidant for children (Sauzier, 1989). Thus the impact of the reactions of others to the disclosure of sexual abuse cannot be denied. In fact, according to Sauzier (1989) the way in which the disclosure is handled by others has important implications for the later adjustment of the child. Stirling and Amaya-Jackson (2008) discuss how research on the treatment of abused children has shown that the degree of support received from their parents or caregivers is one of the most important factors impacting upon the psychological adjustment of the child subsequent to abuse.

On the other hand, the child can feel stigmatized by the negative attitudes of others in the family or community. Distress felt by survivors in the aftermath of disclosure can be significantly elevated by negative responses from the community (Campbell et al., 2001). Children often feel stigmatized out of their own belief that the sexual activity in which they were involved was "bad". These feelings are reinforced if, in the aftermath of disclosure, others react hysterically or

with shock, or blame the child for what happened (Finkelhor & Browne, 1985). Indeed such reactions were reflected in the findings of the current research. For example, one 13-year old girl spoke of being "smacked" by her mother after she had disclosed, and how her mother had blamed her for being raped. Similarly, a study by Hershkowitz et al. (2007) exploring the disclosure of sexual abuse in a sample of Israeli children, found that parents in 50% of the cases were shown to react with anger or to blame the child. This study also showed that children tended to accurately predict the reactions of their parents, thus their willingness to disclose immediately was reduced in the presence of negative expected outcomes.

Initial disclosure to mothers is shown to be associated with a lower risk of the child developing PTSD or delinquency (Broman-Fulks et al., 2007) as well as a greater likelihood of the perpetrator being arrested (Stein & Nofziger, 2008). It would seem natural for parental figures to act supportively towards a child who has disclosed sexual abuse. However this is not always the case. De Jong (1988) identified three types of maternal responses to their child's sexual abuse – supportive without emotional changes, supportive with emotional changes, and nonsupportive. Interestingly Sauzier (1989) found that mothers tended to be less supportive of their child in cases where the alleged perpetrator was a surrogate parent, such as a boyfriend or new husband, than in cases where he was the child's biological father. The results of a study by Hershkowitz et al. (2007) revealed that while 37% of parents reacted supportively, a substantial 63% were unsupportive. Again it was more likely for children to experience unsupportive reactions from parents in cases where the perpetrator was a family member. Parents were also shown to be less supportive in cases where their child was a victim of serious crimes (including penetration or fondling under the clothes) and in cases where the child was repeatedly abused. In a review of the literature Elliott (2001) found research to suggest that the majority of mothers tend to believe their child's story of abuse, and while most are supportive in their reactions, a considerable number are not. The reactions of mothers are often inconsistent even in cases where the support is present.

Similarly, in the current study, children's responses regarding the reactions of others were varied. While some reported helpful reactions from their families and communities, others experiences were more unsupportive. Interestingly, a reoccurring theme in the current study was the impact of

the emotional turmoil or breakdown of the child's primary caregiver, usually the child's mother. While this emotional breakdown is not necessarily in itself an unsupportive reaction, it appears to have increased the negative experiences felt by the child in the aftermath of disclosure. Children in this study appeared to feel worse about their rape in situations where they had witnessed their mothers feeling bad, crying, or unable to attend to their regular everyday activities such as work. Disruption in family life has been shown elsewhere to be experienced by the majority of children in the aftermath of disclosure (Sauzier, 1989). Although in the study by Sauzier (1989) the focus was on disruption as the result of children being removed from the home or the splitting up of parents, in the current study disruption focused around the inability of parental figures to attend to their daily work activities.

The extent of the impact that parental reactions have upon the child should not be taken lightly. Certain factors in the child's life serve to increase or decrease the amount of distress they feel subsequent to being sexually abused. Children are better able to adapt if they have a supportive relationship with a sibling, parent, or other adult. However, the child is more likely to be negatively affected and to experience distress if their parents are negatively affected and distressed (Dominques, Nelke & Perry, 2002). Parents of children who have been sexually abused have to deal with, not only the needs of their children, but with their own reactions. Research has shown common responses expressed by parents to include guilt concerning parental failure, concern around the investigatory processes that follow disclosure, as well as ambivalent feelings towards both the child and the perpetrator (Regehr, 1990).

It is worthwhile noting that the children in the sample, who did express distress or feelings of being sad as the result of the emotional breakdown of their parents, were those in the older age range. An explanation for this finding may be that the egocentric thinking, characteristic of younger children (Ginsburg & Opper, 1988) does not allow for them to understand the emotions of others. The older children, on the other hand, appear more aware, and thus more distressed by, the emotional distress of others.

Another explanation for the distress felt by children witnessing the emotional breakdown of their mothers is that without these significant others, children find it difficult to process their emotions.

The response of the child to a traumatic event (such as being raped) is likely to imitate the response of the parents. Where the parent's response is disorganized, the child's response is also likely to be disorganized (Browne & Finkelhor, 1986). Thus in situations where the caregivers themselves are not able to modulate the child's arousal, and where they become the source of distress for the child, the child has difficulty in processing, integrating, and categorizing what is happening in the situation (van der Kolk, 2005).

Quas, Goodman, and Jones (2003) discuss how when parents, usually mothers, react negatively to the child's disclosure, are unsupportive, or blame the child, the child is likely to adopt a similar reaction, as children often base their reactions on the ways their parents interpret situations. Children rely on their parents and primary support groups to be their source of strength. Although this deep maternal expression of emotion is not a lack of support for the child, it does not allow for the child's own feelings to be contained. While the parents may be available to the child, they may not provide the necessary containment for the child's emotions. The child is thus obligated to deal, not only with their own emotions, but with the outward emotional expression of their primary support figures.

It appears that in situations where caregivers are not able to contain their emotions, the child loses the belief that the external world can provide them with assistance. van der Kolk (2005) explains, "When caregivers are emotionally absent, inconsistent, frustrating, violent, intrusive, or neglectful, children are likely to become intolerably distressed and unlikely to develop a sense that the external environment is able to provide relief" (p. 403). Children depend upon their parents for protection and survival (van der Kolk, 2005). They are thus more likely to experience distress with the emotional breakdown of their parents, and the subsequent absence of feeling protected.

The adjustment of the child in the aftermath of disclosure is hugely impacted by the reactions of those to whom the child discloses. A child can be negatively impacted when the responses of others are excessively emotional, or involve much shock, panic, or disbelief. This often causes the child to feel bad and to engage in self-blame. The child needs to feel that they did the right thing by disclosing their abuse and that they are not to be blamed (Dominques, Nelke & Perry,

2002). This points to the significant role that psychologists and counsellors play in the life of the sexually abused child. In their study Campbell et al. (1999) found that survivors of rape were assisted in recovery by being both validated and supported by their counsellors regarding the rape itself, as well as the negative experiences in the aftermath of disclosure. This finding is important for psychologists as it points to the necessity of a broader therapeutic approach that deals with the distress associated with both the rape and the negative reactions of the society within which the rape is disclosed (Campbell et al., 1999).

5.4 Institutional level

In the current study the institutional level of influence can be seen in the experiences children had in interaction with the police, the district surgeon, others in the hospital setting, and professionals working within the court proceedings. The current study reflected findings from previous studies highlighting varied responses of children regarding the helpful and harmful nature of the professionals providing services within the level of the institution (Mudaly & Goddard, 2006; Staller & Nelson-Gardell, 2005; Berliner & Conte, 1995). There appears to be a lack of consensus around the helpfulness of contact with various service deliveries in the aftermath of disclosure. Indeed, as Berliner and Conte (1995) note, there is considerable variation in the way children respond to both disclosure and the subsequent intervention processes.

Britton (1998) explains the concerns that lie around the potential negative emotional impact that the post-rape medical examination may have on the child. The anxiety expressed by the child's parents or caregivers may intensify the fear of the examination felt by the child. Thus medical intervention has the potential to be emotionally traumatizing to the survivor of CSA, with the potential for the child to feel re-victimized. Pre-existing factors, such as a lack of support systems or loss of trust, may increase the child's anxiety of the examination.

Despite these concerns a significant finding in the current study is that none of the children reported feeing distressed by the post-rape medical examination. In fact, 40% of the children specifically stated that their visit to the hospital, where the post-rape medical examination was carried out, had been helpful. Indeed Britton (1998) notes that there is a lack of supporting

evidence for the belief that the medical examination serves to re-victimize the child, as no studies have looked into the child's perception of why the medical examination is conducted and how it's related to the child's emotional impact. This would prove to be considerably important in circumstances where the child perceives the examination to be a means to validate the truthfulness of their claims. Thus the importance of a child-centred perspective is highlighted, as the way in which children interpret their experiences are not necessarily the same as adults, or the same as adults assume the child's experience to be. In fact, Britton (1998) suggests that the medical examination has the potential to reassure the child of an absence of physical damage and thus ensure the child's health, or to allow the opportunity for the child to regain a sense of control over their bodies (Britton, 1998). The current study supports this view as many of the children felt a sense of relief following their hospital visit, predominantly because the medical examination provided 'proof' they had in fact been raped, or because their anxieties around HIV/AIDS were relieved after a negative result in the HIV/AIDS test.

Similarly, children in this sample tended to speak positively regarding their experiences with the police in the aftermath of disclosure. Although delays in being attended to by the police can be experienced as harmful, the trend was more towards the helpfulness of those within the police services. Harmful experiences of the children focused not so much on the services offered by the police and legal professionals, but rather on the absence of information given to them. Children spoke of how they were not clear about court proceedings and how they were unsure of what was expected of them. Similarly Davies, Seymour and Read (2000) found the majority of parents and children survivors of sexual abuse to have positive experiences of the investigation process following disclosure. Unhelpful experiences centered on the collaboration between agencies involved in the process, delay in the process, as well as the provision of information.

In their study, Berliner and Conte (1995) note how some children lacked understanding into the reasons for contact with various system personnel. Many aspects of the legal processes following disclosure can be particularly distressing for children and they stand the risk of being re-traumatized. A number of fears related to the court room have been reported by children in previous studies. For example, a fear of testifying, fears related to perpetrator retaliation, fears of crying as they are testifying, fears of having to describe in detail the facts of the abuse to

strangers, fears of not understanding what is being asked of them, fears of having made a mistake and thus of being punished or of being sent to jail, and fears of having to prove they are innocent (Dominques, Nelke & Perry, 2002).

It would thus appear that CSA survivors can be harmed, in the aftermath of disclosure, by the lack of information they are given regarding the necessary investigatory processes. The current study suggests that children are harmed by not being informed as to why they are made to see various professionals and what is expected of them during their contact with such professionals. In the aftermath of disclosure, children are involved in processes of which they would not otherwise be involved. Not being informed of such matters increases the child's fear of the unknown and adds to the harmful experience of being sexually abused.

Dominques, Nelke and Perry (2002) note the importance of preparing the child for the necessary processes in the aftermath of disclosure. It is important, particularly in the case of adolescents, to inform the CSA survivor of what to expect in the processes following disclosure (Sauzier, 1989). Children tend to find it helpful when they are treated with care and respect by service delivery personnel. Children like to be told information regarding the various processes and the reasons for them. They don't wish to feel discounted or pressured, but rather to be given recognition for what they are able to do (Berliner & Conte, 1995).

In addition to being uninformed of the investigatory processes in the aftermath of disclosure, the current study also revealed the experience of perpetrators being prematurely released from prison without informing the child survivors or their families. Thus children had the fear of the perpetrator striking again. While children articulated the fear of themselves being re-victimized, there was also the fear of the perpetrator victimizing others in the community. Re-victimization of children who have been sexually abused should not be overlooked. In their study, Swanston et al. (2002) revealed that 1 in 3 of their 183 participants experienced re-abuse or neglect within a 6-year follow-up period. These authors also acknowledge that these findings may underestimate the potential of re-victimization due to the abuse of some participants (after the 6-year period) no longer being reported to the child protection authorities from which data were collected, due to

the participant no longer being considered a child. Such results suggest that children who have been sexually abused are subsequently at risk of other forms of abuse.

The likelihood of re-victimization is particularly high for children in the context of South Africa. In the current study, the majority of rapes took place in the home of the perpetrator (45%), the home of the victim (30%) or in the neighbourhood (10%). Thus children are being victimized in their everyday living environments, and as previously discussed in a large majority of cases, by family members or acquaintances. Thus when perpetrators are prematurely released from their penalties, they are released back into the neighbourhoods or even the homes of the children they victimized. The fear of re-victimization felt by children in the aftermath of disclosure can thus be seen as a result of the failure of the criminal justice system to afford the relevant punishment to the perpetrators of CSA.

5.5 Macrosystemic level

The cultural practice of virginity testing is held in high esteem amongst the Zulu people. In fact, it is believed by many to be the practice that would bring relief to the HIV/AIDS epidemic and the high rates of out of wedlock pregnancies by ensuring women are kept "pure" (Ross, 2008; Leclerc-Madlala, 2001). Many Zulu girls support the practice of virginity testing, as being a virgin increases their self-esteem and status within their communities (Ross, 2008). Womanhood, and in particular being a virgin, is thus held in high esteem for Zulu women (Sitole, 2002). Girls who do not pass the cultural tradition of virginity testing are frequently stigmatized by their families and others in the community. In addition loss of virginity has implications for marriage as it reduces the cost of bride wealth (ilobolo) and some girls may even be refused marriage on the basis of not being a virgin. Not only is the girl herself affected by the stigma of losing her virginity, but her family is also set up for feelings of shame and ridicule from others (Leclerc-Madlala, 2003).

The harmful experience of losing ones virginity expressed by some children in the current study, while intrapersonal in nature, can be understood at the level of the macrosystem, as the value of virginity is rooted in cultural beliefs and practices. While modern ideas of what it means to be a

woman have changed over time (Maitse, 1998) the traditional Zulu beliefs around the significance of women's virginity still hold firm. However there appears to be a lack of research into the ways in which sexual abuse can interfere with the traditional and cultural beliefs of the child, as well as the emotional impact that losing ones virginity can have upon the child who is rooted in a culture of such beliefs.

In the current study it was the older children in the sample who made reference to their disappointment and sadness at having lost their virginity. In a context of rising teenage pregnancies (Ross, 2008) and increased sexual behaviour amongst the youth, it is easy to understand the negative feelings of those who were not given the choice in such matters, such as those who have been raped. By not engaging in sexual practices, girls are adhering to deep rooted cultural and perhaps spiritual beliefs. As Hurley (2004) acknowledges, there are few studies which have taken into account the spiritual impact of CSA and how the child's experiences may negatively impact upon their religious beliefs and relationship with God. In addition, being a virgin girl in the Zulu culture is a respected title that appears to hold a higher status amongst family and community members (Ross, 2008). In addition to the many physical, social, and emotional implications of being raped, there is thus also the harmful experience of having such a status prematurely taken away from you.

While the experience of sexual abuse can be exacerbated by cultural beliefs around what it means to be a woman and to maintain ones virginity, articulating such experiences can be difficult and even harmful for children living in a culture of silence, where talking about anything to do with sex is considered taboo. Indeed religious or cultural taboos can add to the child's sense of stigmatization (Finkelhor & Browne, 1985).

While the South African constitution encourages freedom of speech for all, such freedom is not easily realized when the speech involves children talking about issues related to sex. One of the principles of the United Nations Convention on the rights of the child stipulates that children need to have the opportunity to actively participate in all matters impacting upon their lives, and to be given the freedom to express themselves. Children have the right not only to be heard, but to be taken seriously (United Nations Convention on the Rights of the Child: Summary, n.d).

This applies directly to the case of CSA since it has been shown that the experiences felt by children in the aftermath of disclosure are not always the same as adults would expect. This again points to the need for perspectives that focus on experiences from the child's point of view. Children, historically seen by the law as unreliable, had difficulties when it came to testifying. Since awareness of CSA has increased since 1975, research has subsequently shown that children are capable of being reliable witnesses (Bala, Lee & McNamara, 2001). Historically the norm was not to speak about behaviour of a sexual nature as it was seen as shameful. Thus it becomes important to create an environment in which children can be open and speak freely about CSA (Johnson, 2008). Child sexual abuse was, 40 years ago, seen as exceptionally uncommon, particularly among males. A growing public concern, together with increased ease and comfort in talking of sexual abuse as well as publicity of CSA cases in the media, are all contributing factors to the increasing awareness of this social problem (Johnson, 2008). However, what appears to have been overlooked in previous child-centred research is that children are not always open to articulating their experiences, particularly when such experiences are focused around issues not openly spoken about in public. The stigma still attached to issues related to sex makes it a difficult conversation in which to engage.

The difficulty children have talking about their experience of sexual abuse is strongly portrayed in the current research. Children spoke of their difficulty in initially disclosing their abuse, predominantly due to a great sense of fear often brought on by the perpetrators threats of harm if the child was to disclose. Jensen et al. (2005) showed that the silence of children can be triggered by a fear of things getting out of control and a fear of others minimizing their experiences. Children are more likely to disclose their abuse when they do not feel loyalty towards the perpetrator (Sauzier, 1989). Disclosure becomes more difficult and ambivalent when the child is close to the perpetrator and a strong bond (although pathological) exists, forcing the child to make the often required choice of continued victimization versus disrupted family cohesion (Sauzier, 1989). This is significant in the current study, where in a large majority (90%) of cases, the perpetrator was known to the child.

Research has consistently shown that in a large number of cases children do not disclose their abuse (Sauzier, 1989; Smith et al., 2000; Collings et al., 2005; Staller & Nelson-Gardell, 2005).

Various barriers to disclosure have been identified in the literature (Mudaly & Goddard, 2006; Jensen et al., 2005; Paine & Hansen, 2002; Johnson, 2008; Sauzier, 1989; Smith et al., 2000; Herskkowitz, 2006). The current study revealed the role perpetrators play in the silence of children by threatening their safety and by insisting they should not tell anyone. Such findings are supported by previous studies (Paine & Hansen, 2002; Hershkowitz et al., 2007; Mudaly & Goddard, 2006). It may be that silence serves to reduce the extent of anxiety experienced by the child who has been sexually abused. Sauzier (1989) found that the least anxious and hostile children were those who had not self-disclosed their abuse. This points to the increased anxiety experienced by children in the process of speaking about their experiences of sexual abuse.

It appears, from the current study, that children find it difficult to speak about their experiences because they are unable to articulate what happened to them or because they are not given the opportunity to talk. Not being able to talk of their sexual abuse can add to the child's harmful experience as they lack the support and validation that can come from others normalizing their feelings. For example the 13-year old in the current study who stated "I felt better [with the police] because I told them the whole story" points to the relief that can accompany the sharing of ones experiences with a validating other who can help carry the child's burden.

Despite the possible relief brought by sharing their experiences, it is uncommon for children to directly engage in talk of sexual abuse. Children have difficulty in understanding and processing what is happening to them as they lack the language to explain their abuse and the body parts involved (Kelly, 1993, in Poore, 2002). According to van der Kolk (2005) children lack understanding into the relationship between what has happened to them, how they feel, and what they do. It is thus rare for children to openly talk about their traumatic experiences. When children have experienced something they perceive as confusing, distressful, embarrassing or secretive, they find it difficult to initiate a conversation about such matters. Indeed it is difficult for the child to talk about such issues when the child's family does not regularly engage in conversation with themes deemed as stigmatizing, such as sexual abuse, or when such issues have never been spoken of previously, as children use the reactions of adults as a guide for what they can and can't speak about (Jensen, et al., 2005).

Influences from society, culture, and religion often do not allow free dialogue around the topic of sex and sexuality. Adults find it difficult to speak to young people about sex related issues. Not only are such topics considered taboo, but often there is the perception that young people are naturally promiscuous and would engage in further risky behaviour if they are allowed to openly talk about issues relating to sex (Ofosu-Amaah, Egamberdi, & Dhar, 2009). As a result, the opportunity to talk about such issues is not given and the culture of silence around sex remains. "Children are understandably reluctant to say what adults are reluctant to hear, be they parents, teachers or therapists" (Sauzier, 1989, p. 455). Thus children are often reluctant to seek help by purposefully telling others of their abuse. Disclosure in many cases is accidental. Suzier (1989) found that the children who disclosed immediately tended to have experienced "minor" forms of abuse rather than penetration or intercourse. Thus is appears "telling" and breaking the silence is more difficult with more "serious" forms of abuse – such as the abuse experienced by the children in the current study. The child is likely to feel less comfortable talking about their experiences the more unnatural the experiences are felt.

5.6 Limitations

The first limitation of the current study regards the overall generalizability of the findings. The sample size for this study was small (n=20) and subsequently it cannot be assured that findings from this sample can be generalized to the larger population. Different trends may be found in areas different to the one from where these participants were sampled.

Secondly, the sample may be considered demographically limited. The children in the sample are all Black, and thus no other "race" groups were interviewed for purposes of this study. Race however may be important in terms of how children interpret and understand their experiences. This is something the current study does not address.

It is also important to acknowledge the impact of the time frame between disclosure and presentation to the NGO. Amongst participants there were various time lapses between the rape, the disclosure, presentation to the NGO, and the provision of counselling services in which the

child told their story. These time lapses may impact upon the child's memory and affect the way the child recalls their experience of disclosure.

Lastly, a limitation again relating to the study sample is that the sample itself is largely unique. All participants in this study had not only been raped, but had reported their rape and had made use of a crisis center in which they were able to receive the required counselling services. However, such experiences are the exception rather than the norm. Reported rape cases form only the tip of the ice berg when it comes to the incidence of child rape (Christofides et al., 2003; Collings et al., 2007). Many children, although raped, do not report their rape and often even when reported, many do not receive the required counselling services. The sample may thus not be representative of the larger population of child rape survivors.

5.7 Conclusions and implications

Despite the above mentioned limitations the current study serves as a valuable means for further understanding children and their experiences of sexual abuse. It is useful to note that children's experiences in the aftermath of disclosure are not all deficit bound. Indeed, although disclosure carries with the possibility of secondary victimization, this is not always the case. Children, in previous studies as well as in the current study, have articulated a number of helpful experiences in the aftermath of disclosure, and have displayed a considerable amount of resilience. Children in the current study frequently reported having been helped by professionals within the level of the institution. The reporting of their case to the police and their visit to the hospital for a post-rape medical examination were experienced by many children as providing a sense of relief, rather than further trauma. Allowing for the expression of helpful experiences by children in the aftermath of disclosure can serve as a means of encouragement to other children who have had similar sexual abuse experiences but who do not feel safe enough to disclose. While repeatedly hearing of harmful experiences can invoke a sense of apathy in the child survivor, hearing of helpful experiences can encourage disclosure and subsequent intervention.

In addition it appeared that negative experiences at the institutional level focused less on the non-provision of services and more on the ways in which children were treated during the service

delivery process. Indeed children expressed confusion as to their role in such processes as they were often not informed of what was expected of them, particularly with regard to the court proceedings. It is also important to acknowledge that while child-centered perspectives allow children the right to be heard and are useful in gaining insight into the ways in which children view their experiences, children are not always ready to speak. Indeed children, for varying reasons, appear to feel safer in their silences. While in some instances they may simply lack the words required to express their experiences, in other cases they are not given the occasion to speak as topics concerning sex and sexual abuse are considered taboo.

Such findings have significant implications for the way in which children are dealt with by professionals in the aftermath of disclosure. Since children's fears appear to increase with the unknown, informing them of the processes following disclosure can assist to reduce some of these fears. Treating children with more care and respect and recognizing them for their strengths rather than discounting them (Berliner & Conte, 1995) are important behavior for service delivery personnel to adopt if they are to lessen the harmful experiences felt by child rape survivors. The current study also suggests that such harm would be reduced if perpetrators of CSA were afforded more adequate punishment and not prematurely released back into the neighbourhoods and the homes of the children they abused. This may call for changes in policy and in the criminal justice system in order to lessen the chances of children being re-victimized.

In addition findings from the current study suggest that intervention for the sexually abused child needs to involve the child's parents and caregivers. The impact that CSA has on the child's parents or caregivers cannot be ignored. Findings from the current study show that the harmful experience of sexual abuse is intensified for the child whose parents or caregivers react over emotionally. Being unable to contain their own emotions, they are not able to assist in containing the emotions of the child. This points to an additional role that psychologists and counsellors can play in working with the parents and caregivers in order to assist them in processing what their child has experienced and in containing their strong emotions. By assisting parents or caregivers in such a way, one is indirectly assisting the child, as children so often base their interpretations of situations on the ways their parents interpret them (Quas et al., 2003).

The current study also highlights important implications for further research in the area of CSA. In addressing the limitations of the current study, it is recommended that further research include, in the study sample, children from various "race" groups in order to gain an understanding of how the helpful and harmful experiences felt by children in the aftermath of disclosure may vary between such groups. Socioeconomic status and wealth may also play a role in the way such experiences are felt. Children from families who are able to afford access to private health care and counselling services may have different experiences to the children in the current study. This too is an area that may be of interest for further research. Further research may also look into taking a study sample less unique than the one in the current study. In other words, study samples including children who may not have reported to a crisis center and thus not have received the intervention offered by such services. Again this would help generate a greater understanding of the ways in which children experience various aspects in the aftermath of disclosure.

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APPENDIX 1: Consent Form in English

CONSENT FORM

THE EXPERIENCES OF SEXUALLY ABUSED CHILDREN AND THEIR CARE TAKERS IN THE AFTERMATH OF REPORTING

Aim of the research: This research is being conducted by the School of Psychology at the University of KwaZulu-Natal, Durban, and is designed to understand the experiences of sexually abused children and their caretakers in the aftermath of reporting

Project members: Steven Collings (Professor), Kerry Frizelle (Ph.D. candidate), Thandekile Magojo (Senior Researcher), Lindelani Itabor (Field Worker), Mbali Mthembu (Field Worker).

Contact details: Telephone: 031 260 2414. Monday to Friday 8am to 4pm. If you would like to contact an independent person who is not part of the project you can speak to Jackie Branfield at the Bobby Bear Foundation: Telephone: 031 904 2237.

1. The aims of the research have been explained to me, and I have been given the chance to answer any questions I have about the study and its goals, about the researcher, and about what will be done with the findings. I understand that I don't have to participate in the research if I don't want to.

2. I understand that the interview will be tape recorded, and that it will be transcribed and translated at some later stage at the University of KwaZulu-Natal. No one will have access to the tape recording apart from members of the research team.

3. I understand that any information I provide will be treated in confidence. In any discussions, reports or papers resulting from the study no reference will be made to my name or my address, and no information will be included which could be used to identify me.

4. If I choose not to answer any of the questions asked by the interviewer, I am free to do so.

5. If at any stage of the interview I decide that I do not want to participate any longer, then I am free to do so, and the interview will be terminated.

6. I understand that I will be paid R75.00 for my time if I choose to participate in the study.

7. I freely agree for myself and my child to be interviewed, on the conditions laid out above. No one has put any pressure on me to participate.

Signed: Name: Date:

In cases where the interviewee is not able to read:

I declare that I have read this form to the informant, at a slow speed. I have stopped at the end of each of the 7 points to ask them (i) if they have understood what I have said, and (ii) to encourage them to ask any questions that they have about each of the 7 points

Fieldworker signature: Name: Date:

APPENDIX 2: Consent Form in isiZulu

IFOMU LEMVUME

ULWAZI LOKUHLUKUNYEZWA KWABANTWANA KANYE NABABHEKI BABO EMVA KOKUBIKWA KWEZIGIGABA ZAKO

Inhloso yocwaningo: Lolucwaningo lwenziwa uphiko lomnyango wezokuhlolwa kwengqondo eNyuvesi yakwa Zulu Natali e Thekwini, futhi luhlelelwe ukuqondisisa ulwazi lokuhlukunyezwa kwabantwana ngokocansi kanye nababheki emva kokubikwa kwezigigaba zako.

Amalunga asocwaningweni: Steven Collings (Usolwazi), Kerry Frizelle (Ofundela ubuchwepheshe), Thandekile Magojo (Umcwaningi Osizingeni eliphezulu), Lindelani Itabor (umqoqi wolwazi), Mbali Mthembu (umqoqi wolwazi).

Izindlela zokuxhumana nabo: Inombolo yocingo: 031 260 2414, Kusukela ngoMsombuluko kuzekube ngoLwesihlanu kusukela ngo 8 ekuseni kuya ku 4 ntambama. Uma uthanda ukuxhumana nomuntu ozimele ongahlangene nalolucwaningo ungakhuluma no Jackie Branfield kwa Bobby Bear Foundation: Kulenombolo: 031 904 2237.

1. Ngichazelwe ngenhloso yalolucwaningo, futhi nginikiwe ithuba lokuphendula nomayimiphi imibuzo enginayo ngenhloso yalolucwaningo, umcwaningi nokuthi futhi kuzokwenziwani ngemiphumela yalolucwaningo.

2. Ngiyaqonda ukuthi ngizokhokhelwa u R75.00 ngokubamba iqhaza kulolucwaningo.

3. Ngiyaqonda ukuthi ukuthi izingxoxo zizoqoshwa ngesiqophamazwi, nanokuthi zizobe sezikhishelwa ephepheni zibhalwe ngolimi abazoliqonda abacwaningi e Nyuvesi yakwa Zulu Natali. Amukho umuntu ozoba negunya lokulalela nokusebenzisa lolulwazi ngaphandle kwababambe iqhaza kulolucwaningo.

4. Ngiyaqonda ukuthi ulwazi engizolunikeza luzophathwa ngendlela eyimfihlo. Kunanoma yiziphi izingxoxo nemibiko noma imibhalo yamaphepha ezokwenziwa njengemiphumela yocwaningo akuzuvezwa igama lami noma ikheli lami, noma ulwazi engizolunikeza alizoveza igama lami.

5. Uma ngikhetha ukungaphenduli eminye yemibuzo ezobuzwa ngababuzi bemibuzo, nginalo ilungelo lokukwenza loko

6. Uma kwenzeka ngokuqhubeka kokubuzwa kwemibuzo nginquma ukuyeka ukubamba iqhaza ekuphenduleni imibuzo, nginelungelo lokukwenza loko futh I kuyobe sekuyama ukubuzwa kwemibuzo.

7. Ngizenzele isinqumo ngokukhululeka sokubamba iqhaza ekubuzweni imibuzo ngokwezimiso ezingenhla. Amukho umuntu ongiphoqe ukuba ngibambe iqhaza.

.Isayinwe ngu:_____Igama:_____Usuku:

Ezimweni lapho obuzwa imibizo engakwazi ukufunda nokubhala:
Ngiyavuma/ngiyaziphophezela ukuthi ngimfundele lona obambe iqhaza imibandela ekulelifomu ngendlela ecacile ngingasheshisi ukufunda. Ngifunde ngagcina ekugcineni kwemibandela yosikhombisa ukubabuza ukuthi (i) bayakuqonda engikufundile, nokuthi (ii) ngibakhuthaze ekubuzeni imibuzo abanayo ngalemibandela yosikhombiza.

Ukusayina kobuza imibuzo:_____Igama:_____Usuku