

# Child Sexual Abuse

## The Search for Effective Interventions

*Kruger & Richardson*

Over the last decade, there has been a growing awareness of the problem of child sexual abuse. Child sexual abuse, according to one definition, is "the involvement of a child with or without the child's consent with an adult or age inappropriate adolescent within the family or outside the family in sexual behaviour designed for gratification of the adult or older adolescent". It has been estimated that, one in nine boys and one in four girls will have experienced sexual abuse by the time they become adults.

However, the validity of the estimate and the extent of the problem is very difficult to assess. Some of the reasons for this, include the secretive nature of sexual abuse, limited physical signs, the fragmentation of health and welfare services and questionable reporting procedures. In spite of the Child Care Act, which requires the reportage of suspected abuse by health and social workers, such reportage frequently does not occur. When it does, no standardised procedure is followed.

### The Child Care Centre

Believing that the exposure of child sexual abuse is only the first point in an effective strategy for dealing with the problem, Johannesburg Child Welfare Society, sponsored by the Liberty Life Foundation, has established a Child Care Centre. This centre aims to render a therapeutic service to sexually abused children and their families. It also intends preventing sexual abuse through community education. The choice of approaches which are appropriate to our situation, has been influenced by numerous factors.

In our multi-cultural society, the concept of child sexual abuse is neither universally accepted nor defined by all. Levett suggests that because of a lack of knowledge about the sexual development of boys and girls in the varying social contexts operative in South Africa, we lack clarity as to the meaning of sexual abuse for local children. This means that preventive community education and treatment of sexually abused children needs to be offered with extreme sensitivity, whilst simultaneously overcoming community denial, avoidance or ignorance.

In Johannesburg, two factors having a significant impact on the community's response to sexual abuse, are poverty and violence. In communities beset by high levels of unemployment, overcrowding, violence and homelessness, and a dearth of resources for child care, sexual abuse does not take high priority. Poverty often severely limits the choices a family or child has when dealing with sexual abuse. An incestuous father may be the sole source of income for the family. The protection of the child, therefore, becomes a harder task for the non-perpetrating parent to perform.

Resources within impoverished communities are extremely limited, and at times, violence has prevented social workers serving particular areas. For example, car hijackings have left staff feeling afraid and vulnerable, and at times reluctant to go into the community. Fear of involving the South African Police and a lack of faith in the country's judicial system, impact on some community's use of these as a means of combating child sexual abuse. Possible intimidation by the accused, out on bail, deters many from reporting abuse, especially in communities where the police are seen as unwilling or unable to provide protection.

In this context, the Child Care Centre has based its services on several criteria including:

- the child's safety from continuing sexual abuse;
- respect for and sensitivity to the individual or community's experience and perceptions;
- dealing with child sexual abuse as a family and community problem;
- primary prevention of child sexual abuse, and secondary prevention of bad handling of sexually abused children within the legal, medical, education and welfare systems.

The Child Care Centre's practice is approached in terms of ensuring child protection, clinical treatment, community education and development, and advocacy.

## **Child Protection**

Child protection is the foremost consideration of the work undertaken by the centre. Following a child's disclosure of sexual abuse, it is essential that the abuse cease immediately. This does not imply moving the child from the family, although in terms of the Child Care Act, this is an option. Protection in this manner is often perceived by the child as punitive. It is only used as a last resort. In families with internal and external resources, the task of child protection is comparatively straight forward.



One in four girls will be sexually abused before they reach adulthood. *Photo: Afrapix*

Focused work with the family, often linked to the use of the criminal court system, provides the answer. The prosecution of the perpetrator is usually necessary, as this provides an external source of control for him, while he develops an internal locus of control. A person who has perpetrated abuse may receive treatment at the Centre as a condition of a suspended sentence. Co-operation between the Centre, the Child Protection Unit (CPU) and court systems are sought.

However, the protection of a child from further abuse presents a problem in communities beset by violence and poverty, and in which the relationship between the police and community is poor.

Attempts have been made to engage grassroots community structures in addressing this difficulty. It was hoped that an informal support system might develop to assist children and families dealing with abuse. Several joint meetings were well attended, but the voluntary committee emanating from this process failed to function. Protection of children in such communities remains in need of an urgent solution.

## Clinical Treatment

Research has substantiated the view that sexual abuse is damaging to children. Clinical treatment is, therefore, offered by the Centre to assist the child come to terms with abusive experiences, to empower non-abusive parents to protect their children and to help sexually abusive adults to change their behaviour. At present, fixated paedophiles are not admitted to the programme. The perpetrators treated are incestuous fathers who acknowledge the abuse. Clinical treatment is offered to communities of all race groups and socio-economic strata.

A concern has been raised that intensive treatment is a luxury that we cannot afford in South Africa. However, we believe the value of therapy lies not only in its usefulness to the recipient. It assists in developing understanding of the causes and effects of child sexual abuse.

This understanding is effected in preventative community education programmes which have a far broader reach. It is also used in the education of professionals and in lobbying. The insights gained from work with communities is incorporated into the treatment itself. Therapy also contributes to breaking the cycle of abuse.



Streetkids at shelter in Hillbrow. There are no simple methods for the prevention and treatment of child sexual abuse. *Photo: Ismail Vawda*

It is ideal for treatment to occur soon after a disclosure of abuse, to prevent the child from establishing maladaptive coping mechanisms which lead to psychological, emotional and relationship dysfunction. Depending on the particular child and family's treatment needs and ability to respond to treatment, as well as the therapist's style of working, the treatment approaches vary from being structured and directive, to unstructured and reflective.

To determine the family's treatment needs, an assessment is undertaken which may include: structured interviews with children, play observation, recording the history of abuse, clinical assessment interviews with adults as well as psychological assessments. The team, often with the aid of a consultant, then assists the scheduled therapist to plan appropriate treatment to be offered to the family. This plan is presented to the family and their agreement sought. Should the family stay in treatment, which may be for any period from three months to two years, the methods employed include: play therapy, individual therapy, marital counselling, family therapy, group work, case management and supportive counselling.

This approach has been useful for families whose basic needs are met. However, the Centre grapples with the problem of serving children from deprived communities whose families cannot afford to treat the ending of abuse as a priority. As part of our answer to this, we have begun to provide training and ongoing support for those in the community who have contact with these children, such as teachers and nurses. Earlier this year, in collaboration with the Wits Department of Community Paediatrics, a weekly course over three months was provided for nurses at Baragwanath Hospital's satellite clinic in Soweto. Ongoing meetings are planned as a forum for feedback, support and additional input.

The course was intended to equip primary health care workers with knowledge and skills in handling the plight of sexually abused children. Not only will a child benefit from receiving an appropriate response to disclosure, but primary care recipients and the community as a whole will learn from the behaviour modelled by those trained. We hope that by making treatment insights accessible to communities, we will contribute to the development of an expanding network able to offer support and information to children and families dealing with sexual abuse.

## **Community Education and Development**

An important aspect of the Centre's work is the primary prevention of sexual abuse. When we started, we focused on pre-primary and primary school

children, teaching them their rights and the rules of safety. However, research shows that children, because of their dependence, are relatively powerless in society and are not always able to prevent abuse. We have thus altered our target group and broadened our message. We address adults, reinforcing the responsibility parents have to their children and teach them safety skills.

We also focus on youth, placing education about sexual abuse within the context of self development. We inform and encourage community members to spread the message of prevention. The Ikageng youth group of Soweto in collaboration with the Wits Department of Community Paediatrics, has provided a model for the possibilities of this method. They have developed a play which they perform upon request in the community.

Collaboration with existing community structures, such as the Baragwanath Child Abuse Committee, hospitals, clinics, CPU and other welfare organisations is regarded as essential in all aspects of the Centre's work.

## Advocating Change

The medical, legal and welfare systems often do not function optimally to protect children and relate to them sensitively. Attempts are being made to bring the flaws of these systems to the attention of the authorities and the public, and change is lobbied for. Our record in this area varies. For example, we liaise regularly with the CPU and public prosecutors. We have worked with them on a number of cases to the benefit of the family. A workshop has also been held, alerting those involved to the child's experience of the court system. However, we have been unable to persuade the CPU based in Jabulani to alter their requirement that, in the case of stranger abuse, the complainant accompany the police to identify the accused. This, and ongoing work with the public prosecutors remain priorities for the Centre.

There are no simple methods for the prevention and treatment of child sexual abuse. The Centre will continue to wrestle with the challenge of developing a relevant service. It is our experience that the sexual exploitation of children has an enormous impact on their emotional and physical well-being, which extends into adulthood. It is our belief that the sexual abuse of children is a major mental health issue for South Africa.

It is planned that the principles of empowerment and development receive greater visibility in our work, and that practice be developed to serve the needs of sexually abused children and their families in impoverished communities.

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