



## **The impact of gendered and economic inequalities on child sexual abuse risk**

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# Contents

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<b>Abstract .....</b>	<b>3</b>
<b>Introduction .....</b>	<b>5</b>
<b>General trends and high risk settings for CSA .....</b>	<b>7</b>
<b>Impact of CSA including risk of HIV infection .....</b>	<b>8</b>
<b>Structural and economic factors .....</b>	<b>9</b>
Shifting household compositions, living conditions and lack of supervision.....	9
Particular risks affecting orphaned children.....	11
Economic dependency .....	13
Substance abuse.....	15
<b>Social drivers of CSA.....</b>	<b>15</b>
Stigma and denial .....	15
<i>Stigma protects the perpetrator .....</i>	<i>16</i>
<i>Stigma silences victims.....</i>	<i>16</i>
<i>Victims of intra-familial CSA do not access support.....</i>	<i>17</i>
Traditional attitudes and practices.....	17
Sexuality, gender and CSA .....	18
<i>Conceptions of what constitutes sexual abuse.....</i>	<i>18</i>
<i>Perceptions of males' uncontrollable sexual desire .....</i>	<i>19</i>
<i>Women held responsible whilst masculinity remains unchallenged .....</i>	<i>20</i>
<i>Sexual play between children.....</i>	<i>21</i>
<i>Sexualised games can be sexually abusive.....</i>	<i>21</i>
<b>The provision and uptake of community services .....</b>	<b>22</b>
Lack of arrest and conviction of perpetrators .....	22
<i>Lack of confidential, safe spaces at police stations.....</i>	<i>23</i>
<i>Juvenile and mentally disabled perpetrators and victims .....</i>	<i>23</i>
Health services .....	23
Existing community-based services .....	24
<b>Conclusion .....</b>	<b>24</b>
<b>References .....</b>	<b>27</b>

## Abstract

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**Keywords:** Gendered and economic inequalities. Child sexual abuse. HIV/AIDS. Care environments. Stigma. Community engagement.

**Background:** CADRE conducted a national study on child sexual abuse (CSA) and its links to HIV/AIDS, which included a legal review of child protection policies and community-based research within peri-urban and rural locations on contexts of risk for CSA. This paper presents qualitative research findings from the original study together with data gathered from participatory learning and action workshops that were conducted in order to disseminate the findings back to the researched communities.

**Findings:** Findings indicate that child sexual abuse in South Africa is perpetuated by poverty, shifting household compositions and poor service provision. These structural inequalities intersect with social drivers of CSA which include constructions of male sexual entitlement and societal stigma that silences victims and their families. This can lead to severe physical and psychological trauma for victims including high risk of HIV transmission. The spaces in which CSA occur are synonymously spaces characterised by a legacy of inequality, in which vulnerable children reside in poor, overcrowded living conditions that increase CSA risk. Children are highly vulnerable to sexual exploitation, often for basic survival needs. Economic migration and AIDS-related deaths have contributed to shifting household composition, with alternative care environments often being less protective given the absence or lessened quality of adult supervision.

Gender norms such as constructions of masculine sexual desire, together with gender inequality, form part of the context for CSA risk, legitimating acts of violence and silencing victims and their maternal caregivers. It was found that a well-known language of paternal sexual entitlement was connected with acts of incest with children and that women feel powerless to take action against partners who abuse their children, due to familial and social pressure and economic dependency on male breadwinners. Rather than calling into question the patriarchal norms that perpetuate the sexual abuse of children, participants tended to blame mothers for keeping quiet.

Survivors of CSA are subject to re-traumatization within the family, as they are often blamed or silenced for speaking out. Re-traumatization also occurs as a consequence of poor provision of and access to of child-friendly sexual assault services, including private spaces at police stations or health facilities where CSA survivors can be contained and supported. Structural inequality means that people living in rural areas have the poorest access to services. Consequences of poor service provision include the failure to prosecute perpetrators and on-going psychological trauma to the victim.

**Conclusion:** This paper acknowledges that CSA can and does occur in diverse socio-economic contexts. Acts of sexual abuse towards children are not only driven by poverty, and there are key determinants that can be considered to exist autonomously of material circumstance of the act, such as the psychological profile of perpetrators and specifically the medically diagnosed psychiatric disorder of paedophilia - a primary or exclusive sexual interest in prepubescent children. However, and as this paper illuminates, the wider macro-systemic factors, such as socio-cultural and economic influences, create situations where children living in South African communities are extremely vulnerable to being sexually abused. There are strong implications for scaling up the response to child sexual abuse with regards to providing appropriate, child-friendly trauma services, and also of

designing targeted, community-based interventions that work to create contexts of care and protection for children.

*Note: This paper is based on a larger SIDA-funded national study conducted by CADRE on child sexual abuse and its links to HIV/AIDS. You are welcome to cite this paper and to contact us to learn more about the study, which includes the following chapters:*

- Situational factors affecting the risk of child sexual abuse in South Africa (Laura Myers & Alice Clarfelt)
- Contextualising child sexual abuse in South Africa — the cases of Childline South Africa and the Greater Nelspruit Rape Intervention Programme (Tshegofatso Precious Phalane)
- The dual risks of child sexual abuse and HIV infection facing orphans and other vulnerable children in South Africa (Laura Myers)
- Contextualising child sexual abuse and its links to HIV — community perspectives in South Africa (Alice Clarfelt & Nomvo Dwa-dwa-Henda)
- A review of the international and sub-Saharan African literature on child sexual abuse and correlations to HIV (Alice Clarfelt)
- Review of legislation and policy to protect children from vulnerability linked to child sexual abuse and HIV (Carol Bower)
- Use of the statutory foster-care system to support long-term kinship care for vulnerable or abused children — impacts on the social-welfare system and the social-work profession (Jackie Loffell & NWSSDF)
- Conclusions and recommendations

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## Introduction

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The WHO (1999) defines child sexual abuse as being the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of a society. Thus, CSA is evidenced by this activity between a child and either an adult or another minor, who by age or development is in a relationship of responsibility, trust or power, with the activity being intended to gratify or satisfy the needs of the older person (WHO,1999). This may include but is not limited to:

- Inducement or coercion of a child to engage in any unlawful sexual act;
- Exploitative use of a child in prostitution or other unlawful sexual practice;
- Exploitative use of a child in pornographic performance or materials.

Recognising the importance of defining ‘children’, this paper refers to the definition provided by the Convention on the Rights of the Child (CRC) of children as: “Every human being below the age of 18 years unless under the law applicable under the child majority is attained earlier.”

South Africa has high rates of child sexual abuse, whilst it has been stated that incidence figures are likely to be a great underestimate of actual incidence due to underreporting (Parker & Dawes, 2003). According to the South African Police Service’s (SAPS) 2010/2011 Annual Report, 28,128 sexual offences against children were recorded for that period, a 2.6% increase from the previous year.<sup>1</sup> The nearly ten-fold difference between the approximate number of reported rapes (at 240 cases per 100 000 women in 1996) and the number estimated through a representative community-based survey (2 070 incidents per 100 000 women per year) (Jewkes & Abrahams, 2002) suggests that *reported* instances of rape represent only a small portion of the *actual* cases of sexual assault in South Africa (Christofides, Webster, Jewkes, Penn-Kekana, Martin, Abrahams & Kim, 2003). Prevalence studies have been conducted in South Africa, mostly with adult populations using retrospective recall.

The literature on HIV/AIDS as well as CSA prevalence indicates that there are strong links between CSA and HIV infection. HIV transmission can occur directly from an HIV-positive perpetrator to the victim because of forced sexual intercourse, often through the physical injuries endured by the child. Studies of HIV epidemiology and the sexual risk behaviour of male perpetrators of CSA have found a high likelihood of male perpetrators of CSA being HIV positive (Jewkes, 2004; Jewkes, Sikweyiya, Morrell & Dunkle, 2009). Research among a representative South African population sample, conducted by the HSRC in 2002 (Brookes, Shisana & Richter, 2004) reported 11.4% HIV prevalence among individuals over age 2 years, and estimated 5.4% HIV prevalence among children aged 2–18 years, which was higher than expected. The survey cites CSA as one of the two main routes of HIV infection in children.

The damaging psychological after-effects of CSA have been shown to lead to psychopathological risk-taking behaviour later in life, such as having multiple sexual partners and engaging in unsafe sex, drug abuse or sex work, which increases the individual’s vulnerability to contracting HIV. Victims’ feelings of powerlessness and lack of self-worth contribute to psychological vulnerability to re-victimisation in adulthood (Allers, Benjack, White & Rousey, 1993). Using a case study of an adult CSA

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<sup>1</sup>[http://www.saps.gov.za/statistics/reports/crimestats/2011/crime\\_situation\\_sa.pdf](http://www.saps.gov.za/statistics/reports/crimestats/2011/crime_situation_sa.pdf)

survivor, Allers *et al.* (1993) list the psychological effects on victims to include lack of self-worth, the over-idealisation of sexual partners over and above the self, learned helplessness, and an inability to identify others who are trustworthy. Hence, as adults, victims may not set appropriate limits with sexual partners. This can lead to increased physical risk of HIV transmission through painful, abusive sexual activity.

Townsend and Dawes (2004) state that there are a multitude of pathways/influences by which an individual may develop a sexual attraction to children. Drawing on a bio-psychosocial model, those authors discuss how the characteristics of an individual are nested within interpersonal relationships, which in turn are nested within socio-cultural and socioeconomic macro systems. Such a model provides a useful way of structuring and understanding the nature of sexually abusive behaviour, and it goes some way to helping us understand its prevalence in South Africa. A perpetrator's characteristics can be classified as either psychological or psychopathological — for example, poor impulse control, low self-esteem, lack of empathy for victims, and/or sexual dysfunction. Interpersonal relationships at the micro-system level may include domestic violence, poor attachment patterns, and previous victim/perpetrator relationships. According to Townsend and Dawes (2004), macro-systemic factors include socio-cultural and economic influences; these range from the effects of poverty to the cultural acceptance of violence and/or patriarchal values.

This paper explores how macro-systemic factors including poverty and socio-cultural norms impact on child sexual abuse risk by exploring specific *contexts* of vulnerability. The collective data presented in this paper is gleaned from 30 focus group discussions and interviews with 31 individual staff members and volunteers from organisations that serve children. A variety of organisations were represented, including ones working directly with survivors of CSA, orphans, children living or working on the street, and other vulnerable children. Other informants included home-based caregivers, ECD teachers, social workers, child and youth care workers, police officers, advocates for children, traditional leaders, grandmothers, healthcare workers, and staff from community-based or other service-delivery organisations. The research sites were located in the Eastern Cape, Gauteng, KwaZulu-Natal (KZN), Limpopo, Mpumalanga and the Western Cape provinces. The research was funded by SIDA.

Data from focus group discussions and interviews were analysed thematically and five overall themes were identified: 1) general trends and high risk settings for CSA, 2) impact of CSA including risk of HIV infection, 3) structural and economic factors, 4) social drivers of CSA, and 5) provision and uptake of community services for CSA. Underneath each of these overarching themes, sub-themes were identified and discussed in turn which included findings such as shifting household composition, economic dependency, stigma and denial, and perceptions of males' uncontrollable sexual desire.

Subsequent to the qualitative data gathering process and report write-up, CADRE conducted four participatory action workshops in the Eastern Cape, Western Cape and Gauteng to disseminate the research findings to the research participants and other relevant stakeholders. A participatory process was facilitated in which participants engaged in critical dialogue around the underlying causes of CSA and how it has been addressed in their communities. A key objective of this process was to build crucial networks between communities and service providers and to initiate action-planning processes aimed at achieving structural change and improved utilisation of resources. The data from these workshops comprised of stories, illustrations, diagrams, charts and maps composed

during the session, and these, together with direct observation notes gathered by CADRE researchers, were written up for each site and were drawn upon for this paper.

## General trends and high risk settings for CSA

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Research undertaken for CADRE's study on CSA and its links to HIV/AIDS infection in children found that CSA is a serious and extensive problem affecting communities in diverse settings of South Africa (rural, peri-urban and urban). Service provider estimates of reported sexual abuse were high: for example, about 5 cases of sexual abuse and 10 cases of rape per month were tended to be reported at a peri-rural police station; CSA was said to affect 80% of the children in a residential care facility that was visited; and about 20 cases per month were found at another peri-rural police station. Many participants explained the difficulty of estimating the true incidence of CSA in their area due to underreporting, stigma in the community, and the desire of some caregivers to protect perpetrators who may contribute to the financial support of families. There was strong consensus that, in the majority of circumstances, the abuser was likely to be a man, who is known to the child, very often a member of the family or someone else residing in the household. However, the majority of *reported* cases involved abuse by strangers.

On the whole, research participants spoke about sexual abuse of young girls, both pre- and post-pubescence. Sexual abuse of infants was also reported to be a problem, especially in rural areas. Abuse of boy children was spoken of less often, but was acknowledged to be a significant issue, especially because of taboos around acts of sex with men which mean that such cases are often kept hidden and are thus more difficult to respond to.

Intra-familial CSA was reported to be highly prevalent and at the same time, the most hidden form of sexual abuse. This was reported to be particularly prevalent in rural communities. Uncles, cousins, siblings, fathers and grandfathers were said to be typical perpetrators of CSA:

*'You'll find that these victims are being abused by relatives in most cases, fathers, brothers. I can say close family relatives' (social worker, rural Eastern Cape).*

Sexual abuse of children by their fathers was depicted as being the most disturbing and problematic form of sexual abuse; because it remains hidden and because economic dependency and gender inequality means that mothers and victims are often powerless to speak out against perpetrators who are also heads of the household.

There were many cases reported of children being sexually abused by fellow their students and teachers. In such situations it was also reported that students who have been victimised struggle to be heard and to get help. Staff who perpetrate CSA were said to be protected by schools who do not want to bring stigma or shame upon the institution.

Within school contexts, CSA by fellow students (peers and older children) was reported. The failure of teachers to actively supervise students during school hours creates opportunities for students to engage in either consensual or non-consensual sexual activities on the premises. The participants from several different community organisations knew of cases where children had been raped by fellow pupils in the school toilets. The occurrence of young children sexually abusing other children was reported as being part of a cycle of abuse, whereby child perpetrators of sexual abuse would have been victimised themselves, sexually, emotionally and / or physically.

Close to four million children in South Africa have experienced the death of a parent, in large part due to the maturing HIV epidemic affecting the country. This paper also considers how orphaned children are exposed to specific contextual risks of sexual abuse, related to shifts in their care environments. Other children at high risk of sexual abuse include street children who are particularly vulnerable to physical and sexual abuse due to basic survival needs, a lack of supervision, and exposure to a range of predatory adults. The high risk of HIV transmission associated with anal intercourse, exacerbated by the additional risks of intergenerational sex and coercive sexual violence, make street children highly vulnerable to HIV infection.

Mentally or physically disabled children were described by anti-child-abuse NGO fieldworkers to be at particularly high risk of being sexually abused, as they are not well protected and are less likely to be able to defend themselves or speak out. A lack of services or facilities for juvenile offenders means that youth offenders are routinely allowed back into the community, perhaps after being given a minor punishment like community service.

## **Impact of CSA including risk of HIV infection**

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The impact of CSA is both physically and psychologically traumatic to a victim. Children were reported to present a range of symptoms as a consequence of being sexually abused; these are often allowed to develop with no medical or therapeutic intervention, meaning that the symptoms or consequences can be extreme, including HIV infection. The physical impacts of CSA can include severe internal injuries, the transmission of STI or HIV from the perpetrator to victim, vaginal pain, incontinence, nosebleeds, pregnancy, and suicide. Physical injuries, especially to infants and very young children, can have severe and lasting consequences on their growth and development. Specific examples were shared with the researchers, including the situation of a young girl who had an ovary removed after being severely injured by rape, and the story of a 7-year-old girl who was gang-raped by eight men, after which *'the whole vagina had to be constructed, she was so heavily abused'* (child welfare organisation, Eastern Cape).

The underreported and on-going nature of this type of abuse means that a child might be victimised up to adulthood, prolonging their possible exposure to HIV. When CSA is reported, it is often too late for the victim to benefit from post-exposure prophylaxis (PEP) to prevent HIV sero-conversion (PEP needs to be initiated within 48 to 72 hours after a sexual assault). Research participants reported that PEP often was not available in rural communities, which compounded by a lack of awareness of PEP and in some cases, poor explanation by health care workers of how PEP should be administered, meant that this critical, protective service is underutilised by CSA survivors.

As with the physical consequences of CSA, the psychological effects of being sexually abused were reported to be severe and often reflected in changes in a victim's behaviour. These included poor academic performance, low self-esteem, not wanting to bathe, nervousness, isolation, refusing to talk about the abuse, frequent crying, aggression towards other children, rebellious behaviour, eating disorders, depression sometimes leading to suicide, substance abuse, fear of being close to men, and distorted thinking about their relationship with the perpetrator. High risk psycho-pathological impacts of CSA were reported to include engaging in higher-risk sexual behaviour later in life, including taking on multiple sexual partners, engaging in sex work or transactional sex, or becoming sexually abusive of other children — changes in behaviour that further expose the past victim to a high risk of contracting HIV, or else increase the chances of them transmitting the virus to others.



Data from participatory action research dissemination workshops conducted in the rural Eastern Cape and peri-urban Western Cape communities reveal critical awareness of the traumatic consequences of CSA for children. Stories were told about how abused children endured significant physical as well as psychological and psycho-pathological consequences of the abuse, which were identifiable to the non-expert eye due to their extremity. These included almost all of the physical and psychological effects known to be a consequence of CSA, and certain psycho-pathological behaviours such as abusing other children and taking on multiple concurrent sexual partners. In conjunction with this, the importance of caring and expressing 'love' towards children as well as taking victims for counselling were conceptualised as positive forms of action that one could take. Data from action research workshops indicated that community members and community caregivers in particular are critically aware of the devastating impact of CSA on children, and this awareness brought about a vocalised shift in attitudes and behaviours towards children that can act as preventative and healing measures for victims.

## **Structural and economic factors**

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### **Shifting household compositions, living conditions and lack of supervision**

A variety of care structures for children characterise South African households; many of these present particular risks for children. The findings of the fieldwork are situated alongside the literature on 'traditional' familial and community care contexts, whereby household and child mobility and informal adoption of 'social orphans' are described as long-established practices in South Africa (Hosegood & Timaeus, 2001; Hosegood & Ford, 2003; Adato *et al.*, 2005). While these various household care structures are a traditional way of coping with economic migration, and more recently HIV-related deaths, the findings presented in this chapter reveal that specific situational risks can be associated with each care environment. For example, when new members move into a household, or when economic dependency on a new family that does not care for the child as their own can lead to sexual exploitation and other forms of maltreatment.

Situational risks for CSA are related to the characteristics and composition of households, and the following living environments were reported to be particularly high risk: overcrowded and inadequate housing; single-parent-headed households; households with stepparents; living with extended family members; or having boarders who rent a room within the household or in an outside room on the property. A lack of supervision by a parent or other responsible adult was frequently noted as making children vulnerable to sexual abuse. This could be because of a single parent leaving the home to work or seek work in another area, or situations where women or children in rural communities must carry out daily tasks like fetching wood or water, leaving a child at home alone or with a relative who might abuse her / him.

Townsend & Dawes (2004, p. 71) notes that "overcrowding limits the possibility of separation between sexualised adults or teenagers and children, where co-sleeping is often necessary and may provide additional opportunities for sexual abuse." Poor socioeconomic conditions and housing constraints are conducive to CSA, especially in overcrowded areas like informal settlements and among households living in small government-built houses, where there can be many residents but limited space to sleep. Participants in the Western Cape said it was common to find more than six people living in one-room houses without partitions. And in rural areas, living in the same rondavel as other relatives was said to increase the risk of intra-familial sexual abuse.

Sleeping arrangements directly contribute to the sexual abuse of children by adults, particularly when adults and children share a bed. An OVC programme worker from an urban organisation in the Eastern Cape suspected that a girl who lived with her father in a two-roomed house was being sexually abused: *'I asked, where do you sleep? They sleep in the same bed with the father.'* Another case involved five girls who shared a bed with a foster father who impregnated one of them. Cramped housing may lead to seeing the children in the household naked, for example when washing. This was said to motivate fathers, brothers and male cousins to sexually abuse, unable to 'control' themselves once they'd seen the child naked. Communal washing or bathing was also mentioned as a risk factor for the sexual abuse of a young child by an adolescent:

*'Maybe a boy of 15 can sleep with a girl of 4 years because maybe he is having/giving a bath with that small girl. So that girl of 4 years is not safe with that man who is 15, because they don't control themselves' (focus group with guardians and caregivers, rural Eastern Cape).*

Because of limited space, families in either urban or rural communities often share one bed or bedroom. This lack of privacy can result in adults engaging in sex in the presence of children. For example, a childcare worker in the Western Cape had been told by a 4-year-old girl that she observed her parents having intercourse. And a participant from the Transkei region said: *'It's easy for them to realise what is happening. Sometimes there is one bed; mama is sleeping with tata.... So it is easy sometimes'* (focus group with caregivers and guardians). From an early age, some children may become aware of and even accustomed to observing sex, which numerous participants said leads some children to want to experiment with sexual intercourse with other children, without understanding the consequences:

A lack of supervision by parents or other adults responsible for children is a fundamental risk factor for CSA. The research uncovered a variety of circumstances in which children go unsupervised, thus making them vulnerable to molestation or rape by family members, neighbours or strangers, including a lack of safe recreational spaces. In rural areas, for example, children can roam freely in unprotected spaces, exposing them to potential perpetrators:

*'My children go out and play next door with other children from other families. They will be alone there, no one will be looking for them, and they will just be playing, maybe in the field or maybe in that home.... We have this house and the flat and the rondavel and the shack, we have scattered houses. They will just be playing and no one is looking after them. So it is very easy for them to be sexually abused' (peri-rural community organisation, Eastern Cape).*

In rural areas, traditional, daily occupations that take women from the home for prolonged periods (such as while fetching wood from the forest, or water from the river) put their unsupervised children at risk. Perpetrators of CSA were said to look for the gap when the mother or grandmother for instance has left the household, knowing that she would be absent for a large part of the day:

*'If it's during the day, the mother is away for work or has gone to fetch firewood from the forest, or the grandmother or the aunt has gone to the forest to fetch firewood and the child has been taken to the neighbours for those hours, and then they will abuse them. If they usually do that, take this child to the neighbour and come and fetch them later, they are going to get used to the fact that you are keeping your child here — he will know that every day when she is going out, she brings this child here' (clinic manager, rural Eastern Cape).*

In poor rural communities, children themselves are also sometimes required to walk long distances alone, in order to get to school, to fetch firewood or water, or to cultivate garden plots. This was also mentioned as a high-risk situation for sexual abuse by strangers during the day.

Thinking topographically, much of the space occupied or traversed by a child is beyond the protection or supervision of an adult caregiver; this includes walking long distances to and from school, or playing in areas that may be occupied by other, sexually abusive, children, or may be invaded by adult perpetrators. Here it is possible to envisage how the creation of safe, supervised spaces within communities is essential, especially recreational spaces, where children can play freely without risk of victimisation.

In community-based research from the rural Eastern Cape, it was reported that children placed in the care of neighbours and family friends who are supposed to act as guardians to a child were reported as abusing children as emotionally, physically and sexually. The participants described how such a circumstance or *'harsh upbringing'* could damage a child mentally, meaning that he or she would become psychologically vulnerable to sexual abuse. There might be nowhere for the child to seek help, being dependent on the guardian's family:

*Participant: The person she is living under is rough on her and there is no one else to comfort her...she is ill-treated even by this family's children.*

*Interpreter: They treat them in a bad way, maybe....*

*Participant: She is always depressed because everything negative is aimed at her.*

*Interviewer: How does that make the child more vulnerable to child sexual abuse?*

*Participant: That thing will affect her brain negatively, because it won't develop fully as required. (Focus group with community mothers and grandmothers, rural Eastern Cape)*

Treating a child harshly or not giving him or her an appropriate level of care can also lead to the child not speaking out about being sexually abused. One participant described how her own child was sexually abused twice while staying with her sister's family; in the first instance the child had been too scared to speak out because the relatives were beating her:

*'I was working at Umtata and my child was staying with my mother and the boy [perpetrator] was also coming to visit and watching TV with my sister's kids; and my mother didn't notice that the child is having a problem, and my child was not free to talk with them because they used to shout at her when she talked about anything. Shouting — Why are you going there to play with other kids? There is a yard here, you can play here, why do you leave?' (preschool teacher, rural Eastern Cape).*

Some participants suggested that one reason a relative or neighbour would resent a child left in their care and not adequately care for him or her, was because they were jealous of the biological mother who had left to find employment in an urban area. The perception was that the mother was in town *'having a good time,'* while the relative or neighbour was left to take care of the child.

It was also suggested that other children already in the new household could be jealous of their own parents' love for the new child and would take it out on the child by sexually abusing him or her:

*'Maybe if the parents are dead, so this child comes here and they will say that their parents love this child more than us — Oh, my mother loves this person more than me, so let me sexually abuse this person — So that is their way of driving that person away from their home' (preschool teacher, rural Eastern Cape).*

## **Particular risks affecting orphaned children**

Close to four million children in South Africa have experienced the death of a parent, in large part due to the maturing HIV epidemic affecting the country. Orphaned children — whether they have

lost a mother, father, or both — are exposed to specific contextual risks of sexual abuse, related to shifts in their care environments. Further, grief and the loss of parental affection influence children's psychological vulnerability to sexual abuse.

The majority of children who are orphaned move into a relative's household or with a non-relative in a foster care setting. While there are many benefits for children who remain in family settings with an intact sense of culture and sense of belonging to a community, there are disadvantages as well. Participants from a variety of organisations that serve vulnerable children described how it is not uncommon that orphans are treated poorly within the alternative household, disadvantaged compared to other children, e.g. forced to do more chores, stigmatised by virtue of being an orphan, neglected or physically abused.

Children were said to be sexual abused by uncles, grandfathers, caregivers' husbands or boyfriends, cousins, neighbours, and other perpetrators in kinship and foster care settings. A lesser degree of adult supervision and concern about the orphaned child's wellbeing were significant factors in creating opportunities for abuse and diminished the likelihood that actions would be taken to protect the child. The provision of the foster care social grant was cited as a factor in caregivers' willingness to take in orphaned children; when that financial motivation superseded concern for the child's development and wellbeing, risk of physical and sexual abuse is higher. For example, participants from several organisations explained that child support and foster care grants are often misused, with caregivers spending the money on themselves or their own children rather than providing for the orphaned child's basic needs:

*'We caregivers go to [the Department of] Social Development with those orphans and ask them for starter grants. When we get those starter grants, we don't even tell that orphan that we have this grant now, that — I will buy you some school shoes, I will buy you what you need. So, some children know their rights, that they are supposed to get something for that grant, but they are not listened to at home and they are treated badly. Maybe [the caregiver] will clothe [the other] children in front of her with that starter grant, something like that. That is what is happening'* (rural community organisation, Eastern Cape).

Orphaned children may also be less likely to be protected from harm, as some caregivers are not inclined to look out for their interests, such as in:

*'People use the excuses of culture as a way of actually justifying unacceptable behaviour to vulnerable children who don't have their own parents looking after them. It's very easy to say it's culturally appropriate, or you can compensate in this way, whereas if the mother and the father were around, they would actually say — It works or it doesn't work for me. So, we find that not having your own parent around takes away a level of protection. Nobody else is necessarily caring for these children with the same concern...'* (national child advocacy organisation, KwaZulu-Natal).

There was a sense that children who are orphaned may be perceived as 'easy targets' to potential perpetrators who realise they may be looked after less closely than other children as they don't have a biological parent to protect them. *'They are vulnerable by the fact that they become orphans... because maybe there could be some uncle over here and they know that this one doesn't have a father, they don't have a mother, they don't have anyone'* (peri-urban sexual abuse programme, KZN). A staff member from a rural community-based organisation concurred in sharing this example:

*'She was being abused by her stepmother or the stepfather, but then decided to find herself a boyfriend. In fact, it was an older person. He abused her because he knew that there was no*

*one else that she could go to. So he was using that as an advantage to abuse her. She wanted to be loved'* (community-based organisation, Eastern Cape).

Risk of sexual abuse within foster care settings is further influenced by the generally inadequate quality of social service provision. A lack of screening and training of foster care parents and continued oversight of placements was seen as contributing to the potential abuse within these settings. Overburdened social workers were said to typically visit foster care households once every two years, the minimum amount of supervision required for a household to receive the foster care grant.

Many children who are orphaned prefer to live in child- or sibling-headed households to avoid poor treatment by their relatives. They also face risks of sexual abuse given the lack of close adult supervision and dire economic need and are especially susceptible to transactional relationships with older partners. Elder siblings end up needing to acquire 'adult' roles as adolescents, without developing adequate maturity to control their behaviour. Further, their age and economic dependency leave them in a poor position to negotiate condom use, heightening the risk of unplanned pregnancy and HIV infection. However, when child-headed households are well-supported by a mentor, child and youth care worker, or part of a dynamic OVC support programme, these environments can work quite well for children.

Poorly monitored or resourced residential facilities, like some 'places of safety' or unregistered children's homes are also risky environments in terms of CSA risk. Lack of supervision, overcrowding, neglect, and sexual activity between young people characterised such settings. Registered children's homes are safer options when they are well-resourced and well-supervised, when therapeutic services are provided, and when subsequent efforts to unite children with relatives or other foster parents are carried out, in consultation with children.

## **Economic dependency**

Children who live in severely deprived circumstances where their basic needs (like food) go unmet (such as in child-headed households), are vulnerable to being sexually exploited due to the extremity of their suffering. These situations were said to be exploited most often by relatives such as uncles, or neighbours, and sometimes these perpetrators were meant to be acting as a guardian to the victim. Transactional sexual relations involving young females and older men were reported to be common, and increasingly have become a social norm. Such relationships were sometimes reported to be inherently abusive, due to the way in which children were often coerced or threatened, by a perpetrator or even by their own mothers, to take on older sexual partners who could benefit them financially. Such forms of sexual exploitation are most damaging to children. Physically, the on-going nature of the sexual relationship/abuse places the child at high risk of contracting HIV from the perpetrator if he is HIV-positive. Psychologically, these relations were said to lead to the victim developing self-destructive notions about relationships and to engage in damaging behaviours, such as continuing the relationship even if it is abusive, entering into sexual relations with other men, or becoming sex workers. These behavioural outcomes further place the children at high risk of contracting HIV.

A new guardian might subject a child to different forms of abuse — physical, emotional and sexual. An economically dependent child may feel powerless to speak out against the abuser due to fear of losing their home, income or the food that sustains them. One participant recounted how a

neighbour had provided a girl with leftover food and small change on condition that she would submit to him:

*'What happened in that particular case [was that] the mother of the girl left to supervise [her father-in-law] in Gauteng, and then she left kids in the care of the neighbour. And then during that period the child had no food to eat because the mother and the father of the child was in Gauteng. Now they solely depended on the neighbour and then the neighbour gave him R2 to go and buy some chips and do some favours for him. The leftovers of the food, he used to give those leftovers to the child to eat, and he used to give some fifty cents at the end of it, and he ended up sexually abusing her' (social worker, Eastern Cape).*

Perpetrators of the sexual exploitation of children for financial exchange could be any older man, but were often reported to be a great deal older than the child (men aged 60 and over were frequently mentioned) and of a relatively wealthy status:

*'Oh, they're all types of people. They're from the high economic thing, and often they come in their cars and Mercedes and pull up...'* (interviewee, NGO serving street children, KZN).

Perpetrators were reported to use multiple tactics to attract young victims and coerce them into transactional sex. Across all research sites, older men were said to *'flaunt'* their wealth in order to attract young females by *'showering them with gifts'* in order to lure them into an exploitative relationships (key informant, Western Cape). They were described as knowing how to exploit a child's vulnerability by offering not just money and material items, but also protection and shelter in situations where a child may be at risk in general:

*'There's a hidden blackmail. Because the adult will say — Listen, I'll do whatever you want and give you everything! I'll protect you and give you shelter, clothing...so you have to provide me with this. This is the only thing that I want from you, but I'll provide you with everything that you need. So the child feels — At least I've sacrificed my body...rather than...loitering on the streets, I'd rather sacrifice my body' (social worker, NGO serving street children, KZN).*

Thus, perpetrators were described as establishing trust with a child by giving them gifts, money, or affection over time, wherein these may be otherwise sorely absent in the child's life. In this way CSA was described as *'camouflaged in the notion of love'*:

*'That is sexual exploitation in terms of financial exchanges. If a person works, he can provide money to a young girl and buy whatever the victim desires. Therefore, I think it is camouflaged in this whole notion of love; but deep down it is the exploitation of these young girls. That, in itself, is a harsh reality. Men that are married also have a tendency to target young females' (key informant, peri-urban community, Western Cape).*

*'He is very kind to this child, giving her pocket money for school, buying her nice things so that she mustn't be afraid of this man. She must see this man as the right person, the one who is taking care of me. She is very in love, but that parental love, so that the child must think that he is always trying to bring the child close to him' (clinic manager, rural Eastern Cape).*

A strong recurring theme in the data from the various sites pertained to the pressure exerted upon young women by their mothers to enter into transactional relations with an older man. As cited elsewhere in this study, allowing these transactional relations to occur could be a passive act on the mother's part, whereby rather than reporting a relative or neighbour who sexually abuses her child — especially while that individual is financially contributing to the household — she will keep quiet both herself and her child for fear of losing income.

It was also reported that some mothers will actively encourage daughters to take on sexual partners for material exchange, revealing how mothers may play into the social norm of young women obtaining sugar daddies, rather than discouraging it. Other situations involved overt threats by mothers who want to use their daughters to support the household. Several stories were related about mothers having pressured a daughter to have sex for money; in one situation a mother had sent her child out to meet a man in exchange for a bag of groceries:

*That thing happens a lot, where a mother sent her child to a man she knew was a worker in Johannesburg, and told the child not come back without a [grocery] parcel, so when the child came back in the evening, they went to town, which is a bit distant from home, and they came back with...groceries. That's what happens. (semi-rural community organisation, Eastern Cape).*

## **Substance abuse**

Substance abuse, largely in the form of alcohol consumption, constitutes another major context of risk, as it reduces the quality of adult supervision (e.g., through caregivers becoming drunk or leaving the household to drink) and because intoxicated (potential) perpetrators are more inclined to initiate abuse. In particular, children who live in or near shebeens are vulnerable to the advances of drunken customers.

Alcohol and drug abuse was said to 'sexually activate' potential perpetrators. The most common drugs cited were *dagga* (marijuana), cocaine and 'tik,' particularly in peri-urban areas. In the rural Transkei region, youths who use *dagga* were said to be at risk of being sexually abusive as a direct consequence:

*'Yes, it's a problem...they are usually young men of about their twenties, you know? They are sort of abusing drugs, using drugs which usually activate them, you know, the sexual act' (police officer, rural Eastern Cape).*

Alcohol consumption by potential perpetrators was repeatedly mentioned as a factor that made CSA more likely. CSA was said to be more likely to occur during the 'festive season' (December and January), as well as on weekends, when increased alcohol use was described as leading to 'vicious attacks.'

## **Social drivers of CSA**

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### **Stigma and denial**

CSA is rarely talked about in the communities where the research took place; and there is significant denial surrounding the subject. In particular, intra-familial CSA is highly stigmatised and the least likely form to be openly discussed, reported to the police, or brought before the community to be dealt with through traditional restorative justice. A traditional leader flatly stated that CSA of any kind did not happen in his community. Another stated that he had heard of it happening in other areas, but not under his 'jurisdiction.' At the same time this chief stated that sometimes the community met to discuss the issue 'traditionally,' revealing that CSA did occur in the area but was not openly admitted to (even to an outsider).

Some community participants clearly struggled to talk about CSA and were unwilling to state that it was a problem in their immediate neighbourhood. It is significant to note that several participants,

who were initially unforthcoming about admitting that CSA occurred within their community, confided towards the end of the interview that their own children had been sexually abused.

### ***Stigma protects the perpetrator***

Intra-familial CSA was described to be the most dangerous form of sexual abuse; and specifically because it is considered extremely shameful, it is characteristically kept quiet by family members. A fear of being 'disgraced' by the wider community seems to displace a family's concern to report the abuse in order to deal with the perpetrator or to help the victim. This sense of disgrace or shame was described as affecting the whole family, as well as the perpetrator. Here, social stigma and patriarchal systems coincide to create a context where the greater fear is that the perpetrator as the male head of household will be shamed in the community. In cases of sexual abuse by fathers, it was reported that the victim's mother may be pressured by extended family members (especially in-laws) to not speak out against the abuser:

*Interviewee: They said that she is disgracing the family.*

*Translator: And you are just making disgrace with this family, don't talk about this, you just keep quiet.*

*Interviewer: And why are they keeping quiet?*

*Interviewee: It's because the husband's parents did not want to because this was their child, talking about the man...so for people to hear that he has done this disgrace. (Interview with community caregiver, rural Eastern Cape)*

As mentioned, failures to report male perpetrators also reportedly occurred because of his possible status as the household's main breadwinner. Due to economic dependency, wives may not readily speak out against husbands who sexually abuse their own children:

*'Sometimes, let's say if I get married to a man, and I am not working anywhere, so that man is supporting me. Maybe he can sleep with my child because I have to keep quiet because I respect that he is giving me...he is the breadwinner. So I can't talk about this' (focus group with grandmothers and mothers, rural Eastern Cape).*

Intra-familial CSA is usually an ongoing form of abuse due to the fact that the perpetrator is often not reported or held accountable in any way. With no intervention, the child is likely to be re-victimised, and therefore at high risk of contracting HIV through repeated exposure:

*'Sometimes, in other families, that thing is happening; maybe a father is sleeping with his daughter until the daughter gets married' (focus group with guardians and caregivers, rural Eastern Cape).*

### ***Stigma silences victims***

Silencing the victim was described as a damaging result of such stigmatising attitudes towards intra-familial CSA. The desire to 'shut her up,' even though she may want to report the abuse, was reported to be common. In some cases a victim's family or relatives will discourage the child from socialising in case their friends hear about the abuse:

*Participant: At home they do not treat her well too, because they do not want her to be with the other children any more.*

*Participant: She is always alone.*

*Participant: And the other children do not...*



*Interpreter: They [the family] are training her educationally, she must be lonely now.*

*Participant: She must not have friends. (Focus group with mothers and grandmothers, rural Eastern Cape)*

The interviews and discussions indicated that is the victim of CSA who invariably bears the brunt of stigmatising attitudes. Victims were reported to be blamed and maltreated if it was discovered they had been sexually abused, adding to the unlikelihood that an abused child will ever speak out:

*'I would think that they are afraid of being stigmatised, but one of those things is she is afraid of the community, that she is afraid because they are going to label her and tease her and make it seem as if she is the one. They are going to accuse her who tried to adapt to those rapists. I should think that is one of the most important [reasons] why they do not report these cases' (focus group with caregivers and guardians, Eastern Cape).*

Other stories were told of how mothers would blame and sometimes even disown their children after discovering they had been sexually abused. In a rural community, a mother of a 5-year-old child who had been raped became aggressive and verbally abusive to the child, eventually rejecting her entirely and sending her to stay with relatives. Reasons behind this behaviour could include internalised stigma and an inability to deal with the traumatic nature of the incident:

*'But the problem now is, my concern is, the child was abused and the mother was drinking....The mother came here and she insulted the child, always insulting the child about the situation — You are raped that is why you are not good in anything just because you have been raped. She said — I don't want to stay with her, take her to the other relatives. The child is staying there and she came and fetched her to another relative. She doesn't want to stay with that child, she always neglects her' (teacher and community member, rural Eastern Cape).*

### ***Victims of intra-familial CSA do not access support***

From the perspective of those involved in service delivery and childcare, intra-familial CSA is rarely, if ever, reported. According to a police officer in the rural Eastern Cape, the perpetrators who are reported are generally not known nor 'close' to the victim. However, across the majority of participant interviews and focus groups it has been revealed that such low reportage of intra-familial CSA is not a reflection of low incidence, but rather suggestive of a family's fear of being disgraced in the community. For the child victim, the outcomes of not reporting CSA are serious: the victim will not receive counselling or treatment, including for any injury or STI, and will not have the option to terminate pregnancy.

### **Traditional attitudes and practices**

*Ukuthwala*, or child marriage through abduction, was reported to still occur in rural communities, albeit to a lesser extent than in previous generation. This used to be a common practice in rural Xhosa societies, as substantiated by the community participants. According to some women, it was 'the norm' for one to be *thwala'd*, whereby a girl would be abducted — often with the knowledge of her parents — and forced into marriage, while her father would receive *lobola* (payment for the bride) from her prospective husband.

Instances of *ukuthwala* happen much less now, according to the participants from the rural research sites, in part because mothers want to see their daughters educated before they get married, and because girls are realising their rights through increased access to education. However, it still occurs in some rural communities:

*'They will abduct a child as young as 14, as young as 16, so she can get married with an older man. That thing, they still do that. They say even us, we were abducted, we did not choose our husbands...so why should it be different now?' (fieldworker with anti-child-abuse organisation, Eastern Cape).*

Sexual abuse perpetrated by someone outside the family will sometimes be brought out in order for the families to discuss the issue 'traditionally' in lieu of pursuing legal recourse. This is in contrast with sexual abuse that occurs within the family which is highly stigmatised and kept hidden from the community. In rural areas the customary practice of 'paying for damages' is often preferred to getting the police involved; this entails a transaction between the perpetrator and the family of the victim which benefits the latter. This process of restorative justice is meant to function as both punishment and as an apology from the perpetrator. Restorative justice allows the community to close the issue, to 'solve' it, so that there is no longer any outstanding debt held by the perpetrator: *'Nothing follows, nothing, if we talk traditionally'* (chief).

'Paying for damages' grants the perpetrator his freedom, allowing his continued nearness to the victim who then faces the risk of further abuse. Female focus group participants in the rural Eastern Cape reported that sometimes the perpetrator would state that he had essentially paid *lobola* (bride wealth) for the victim and was therefore entitled to continue to impose sex on her.

*'Sometimes they just take that payment of sheep, sometimes that man who paid the sheep continue to do that abuse, because he says — I have paid some things for this, I have to do it. It's like a lobola'* (focus group with caregivers and guardians, rural Eastern Cape).

A further consequence of this community practice is that the victim will not receive counselling or treatment for the trauma she or he has experienced. A situation was reported whereby a victim was kept several hours in a crowded rondavel after she had been raped, while community members around her discussed how to resolve the matter; meanwhile the girl needed urgent medical attention and was having fits due to the trauma she endured.

## **Sexuality, gender and CSA**

Social norms around gender and sexuality form part of the context of risk for CSA. Certain attitudes — such as the perception of male sexual desire as being uncontrollable and a limited conception of rape and of taking only acts of forced penetrative sex seriously — are part of a social context where the perpetration of CSA can go unchallenged, and in some instances, even be legitimated. These factors are considered here as they form part of the familial and community context of risk for CSA.

### ***Conceptions of what constitutes sexual abuse***

Overall, the participants' responses strongly suggest that community perceptions of CSA refer to penile penetration only. Other forms of CSA, such as unwelcome kissing or touching, were sometimes referred to as 'sexual harassment,' are normally not taken seriously, and are rarely reported as abuse to the relevant services:

In rural areas, sex before marriage used to be considered unacceptable (and still is by the older generation); however, the practise of being 'intimate on the thighs' is often practised. As in Kelly & Ntlabati's (2002) study of early adolescent sex in the Eastern Cape, so-called thigh sex was found to be part of a culturally normative practise and often part of initial sexual contact with the opposite sex. The data indicate that this belief underlies ideas about penetrative sex as being the only 'wrong' form of sexual abuse. For example, a headman described a case of CSA brought to the community's

attention but dismissed when it was discovered the victim had not been penetrated as the victim and perpetrator had been *'intimate on the thighs only'*.

It was suggested that rural inhabitants, as in the Eastern Cape site, did not have a fair conception of what rape is. This is in line with Jewkes & Abrahams' (2002) findings that non-consensual or coerced sex within marriage and dating relationships was a social norm. Such lack of conceptualisation of what constitutes rape is likely to affect community constructions of what constitutes CSA, perhaps contributing to a lack of recognition of non-penetrative abuse. A fieldworker from an anti-child-abuse organisation stated:

*'I think it is the way they understand it. At an awareness campaign last week, one of the women asked — How can you tell the difference between sex in a relationship and when a person is raped? So that is like the same thing, how do you know the difference, because sex is sex? So with those attitudes, sometimes you just wonder; it's even worse when the rape has not occurred [because] they do not report those cases' (fieldworker, anti-child-abuse organisation, Eastern Cape).*

Here, the fieldworker's comment shows the possibility that even penetrative sex may not be understood by community inhabitants as potentially constituting rape or abuse, which means that it is unlikely that non-penetrative sexual abuse will be conceptualised as wrong. Such attitudes about what constitutes sexual abuse resonates with a discourse present throughout South African communities where rape is perceived as a crime of violence, confined to acts inflicted by strangers or to gang rape (Jewkes & Abrahams, 2002). Meanwhile, coercive sex in marriage and dating relationships is believed to be very common.

### ***Perceptions of males' uncontrollable sexual desire***

Perpetrator motivation was frequently attributed to males' supposed uncontrollable sexual desire. Community participants (mostly female, mothers and caregivers) made direct associations between men in the community 'seeing' a girl child's genitalia, or seeing her develop sexually, to acts of perpetration of CSA. Acts of seeing would range from being exposed to a young infant's genitalia when changing a nappy or washing the child, to 'seeing' that she has developed sexually and has become 'attractive and beautiful', and wearing short skirts or hot pants. This is suggestive of a perceived biological motivation for CSA, an attitude that leaves perpetration of acts CSA unchallenged.

The participants mostly linked this with intra-familial CSA, often fathers abusing their daughters (perceptions about male sexuality were mostly those of female community participants at the research sites, that is mothers, grandmothers and caregivers). The way that males' irrepressible desire was depicted indicates that it has become normalised as part of a social understanding of the way things function in many rural and peri-urban communities, as reflected in the statements of women struggling to protect their children.

Fathers were reported to use a language of paternal sexual entitlement to legitimate sexually abusing their daughters. The reported fear of a father *'getting greedy'* when seeing a girl infant's genitalia is suggestive of a pervasive attitude about perpetrator motivation as being the result of males' insatiable sexual desire, which knows no bounds and can even extend to a father for his own infant. Metaphorical allusions to sex between fathers/stepfathers and girl children as reported by CSA perpetrators themselves reflected a sense of men's entitlement to what is 'theirs.' Children were

even referred to as ‘vegetables’ grown by fathers, an attitude that objectifies children, discredits the abuse as an act of CSA, and dehumanises it:

*Participant 1: Sometimes the other parents they say I give birth to this child, so I must taste them, I must eat them, how is the taste....*

*Participant 2: Because these children of mine they are my vegetables. It is happening. (Focus group with caregivers and guardians, rural Eastern Cape)*

It was apparent that women in the community, often wives to perpetrators and mothers of victims, felt powerless to act to protect their children. In one focus group discussion conducted in the rural Eastern Cape, female participants spoke with bitter irony that perhaps their husbands were not getting enough sex from them, and so were turning to their children. This was expressed with a deep sense of pain and sadness:

*Participant: [Accompanied by laughter] Maybe the man thinks I am expiring now, I am getting older, maybe I must take this child, this active one.*

*Interviewer: Are we laughing because it is uncomfortable, or funny?*

*Together: It is sad [umhlongu].*

*Participant: The reason why we are laughing now, we are serious about this thing, but [other participant] sometimes she is playing, she is saying maybe I am empty on this side that is why tata is having the child. At the same time the hearts, we feel bad, it is a bad thing, it is so painful. (Focus group, caregivers and guardians, rural Eastern Cape)*

### **Women held responsible whilst masculinity remains unchallenged**

Rather than challenging the understanding that male sexual desire is uncontrollable, and calling for change in male behaviour, female focus group participants would often turn the blame back onto themselves for not satisfying their husbands’ sexual appetites. It was evident that they felt powerless to initiate this change. Similarly the perception of men having uncontrollable sexual desires was often left unquestioned and unchallenged in participatory action workshops held to disseminate findings from the CSA research project. The overall theme that emerged from these workshops was that men are abusers because of their biological urges, and that it is the responsibility of women to protect and stand up for their children – in spite of the significant social and financial pressures they are under which often prevents them from speaking out against perpetrators who are relatives, spouses or boyfriends. Participants within these action research sessions were male and female, and included community leaders, community inhabitants, caregivers and local government service providers.

Mothers’ inaction in situations where their children were being sexually abused, often by their husbands or boyfriends, was a subject that came up frequently during participatory learning and action research dissemination workshops. Many participants from both the Eastern and Western Cape blamed mothers for failing to action, and some even stated that they should be punished. These participants stated that mothers were guilty of siding with the perpetrator over the child, and of not fulfilling their parental role. However some participants also acknowledged the difficult position that mothers were in, financially dependent as they are on the perpetrators for their household income. Overall, the responsibility for protecting children was placed on mothers, and it was stated that it was up to them to look out for “these mischievous men” who sexually abuse their children (community member, Eastern Cape). The idea that men need to and can change was rarely raised, and this indicates a need to interrogate understandings masculinity at community-level.

### **Sexual play between children**

Participants at the rural and peri-urban sites described the frequency of sexual games between children. On the one hand, early sexual activity appears to be part of sexual development; sexual games between children were reported to start as early as age seven:

*'In the informal settlements kids start engaging in sex at a very early age. This happens at the age of 7 years old. They pretend to be playing Play House and in that process they engage in sexual games, boys and girls chasing each other, and the one that is caught will have sex with the other' (community health club member, peri-urban Western Cape).*

Studies into other African contexts have found that the norm of sexualised play between children creates a space for ambiguity between acceptable and unacceptable practices for children and adults to engage in (Jewkes, Penn-Kekana & Rose-Junius, 2005). Participants in rural and peri-urban communities in this study talked about these games as verging on sexual abuse, however. Their accounts offer us insight into the contextual factors motivating children to sexually abuse other children.

### **Sexualised games can be sexually abusive**

In the communities researched, children's sexualised games were described as having a disturbing element to them. For instance, children were reported to 'play rape,' which could lead them to actually acting this out with other children. Children were said to have internalised this to the extent that they might incorporate a notion of rape into their recreational activities, calling it 'zuming' and 'playing rape':

*'These are my son's kids from a girlfriend. Now this one grandchild told me that they zuma [meaning rape, or in this case to have sex] each other outside there. She showed me how to perform sex and she is 6 years old. She then told me that another kid asked her to play the zuming business. She was asked to drop her panty. After one day he did the same to another child. This caused trouble and there was a fight between families and they were not talking to each other. The boy who did this is 13 years old, while the one zumed is 7 years' (focus group with grandmothers, peri-urban community, Western Cape).*

*'Others at school were playing rape — rape. I asked them what rape is and this is what they said — The boys must chase you, and if one catches you, they all lie on you, and when you run, you must say — Rape me' (focus group with childcare workers, peri-urban community, Western Cape).*

The occurrence of young children sexually abusing other children was reported as symptomatic of having been sexually victimised oneself. 'Teaching others' how to have sex,' 'playing horse,' and 'playing rape' with other children were behaviours described in reference to sexual debut but also as a consequence of a child having been sexually victimised or in some way made vulnerable, for example through neglect or maltreatment. Of particular interest is how a common set of psychological triggers were identified for the young perpetrators of CSA as for the victims of it. Apart from being victims themselves, children who are sexually abusive of other children were frequently reported as having left home or being orphaned, with ultimately no one to turn to. Community participants from the rural Eastern Cape talked about the consequences of an absence of real care in terms of a child failing to understand 'what is wrong' (also conveyed as 'not feeling anything even if he is beaten'). The participants reflected that a young perpetrator was 'just a person' and may not understand that what he or she was doing was wrong.

## The provision and uptake of community services

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In both rural and peri-urban research sites it was apparent that communities had meagre access to appropriate means to create safe environments for children. With regards to service provision, the biggest challenges were reported to exist within the criminal justice system and the lack of arrest and conviction of perpetrators. Health and social services were also said to be lacking, with a lack of confidential, child-friendly spaces for victims to report what had happened to them and to receive appropriate trauma services, poor access to counselling at health facilities where the trauma-response is meant to be delivered, and poor follow up in terms of psycho-social services for survivors and their families. Essential health services including treatment of injuries endured from sexual abuse, and PEP, were often only provided at centralised health facilities – which were difficult to access, especially for those living in rural communities.

### Lack of arrest and conviction of perpetrators

Poor provision or uptake of criminal justice services meant that many perpetrators do not face justice and continue to inhabit the same location as the child they have assaulted, leading to the high possible risk of re-traumatisation and re-victimization through the victim being exposed to the perpetrator.

The vast majority of the participants, including community inhabitants, health workers, social workers and NGO staff, criticised the criminal justice system for failing to deal appropriately with perpetrators of CSA. Community members were despairing about how perpetrators might be reported and arrested, only to be released on bail a few days later. In rural locations it was clear from the testimonies of community members and the reports of health and social workers that cases opened at the local police station rarely led to completed court cases. Thus, few perpetrators are ever convicted and sent to prison.

The failure of South Africa's criminal justice system to deal adequately with perpetrators of CSA creates a vicious cycle whereby perpetrators reoffend when they return to their communities, and are able to taunt and terrorise victims and their families, who consequently see no point in reporting the perpetrator to the police. In essence, reporting a case of CSA can have more negative consequences than positive outcomes for the victim. For example, a participant explained that she did not report the case of her daughter's rape to the police for fear of retaliation from the perpetrator

*I just went to the psychologist because sometimes when we report these things to the police and they catch this person, you will be in trouble because the person will keep on following you, wanting to kill you because you have reported. They put the person in the cells, and when they come out they will come and find you, so you had better leave it' (community inhabitant, rural Eastern Cape).*

At the same time it was acknowledged that not reporting CSA could contribute to the risk of on-going abuse as there may be no deterrent to the perpetrator reoffending. Community inhabitants face a dilemma in deciding the best path to take to protect themselves and their children, with regard to reporting or not reporting a case of CSA:

*Sometimes, if you don't report, maybe you are put at risk again, because you say no, you didn't report me, so they keep on coming and doing these things as if you are enjoying it. So, I don't know which is the best solution. (primary school teacher, Eastern Cape).*

It was reported that sometimes police investigations of CSA were not thorough, by community inhabitants and other service providers. For example, some health workers reported that police officers were not fulfilling their role by accompanying a victim to the nearest health facility with a rape kit. Moreover, it was reported that non-penetrative CSA was not taken seriously; in one situation, described by an anti-child abuse fieldwork officer, a victim was reportedly sent home by the police to 'discuss as a family' after finding out it was a case of attempted rape only. Such a response by the local police legitimates rather than challenges the custom of restorative justice, which allows perpetrators to escape legal punishment:

*'We have had a case like that recently. There was a child whose underwear was taken off by this guy, and some people came and rescued the child. And they went to the police station, the police said they should discuss that as a family, and then a sheep and some beers were given to the family. They said that nothing happened, that there was no penetration, it was not serious' (fieldworker, anti-child-abuse organisation).*

A devastating reflection of the poor service provided by local police was reported corruption within the system. It was reported that police could be bribed by a perpetrator and his family to 'lose' the case docket, meaning that the case will be dropped.

### ***Lack of confidential, safe spaces at police stations***

It was reported that there is a severe lack of safe, confidential spaces with child-friendly personnel available at police stations for the victim's statement to be taken in private, and in a sensitive manner. Currently the lack of operational victim empowerment programmes at police stations means that a child victim is likely to face severe secondary traumatization if she / he chooses to report the abuse, due to insensitive questioning, a lack of sympathy from untrained police officers and lack of privacy and confidentiality when giving the statement.

### ***Juvenile and mentally disabled perpetrators and victims***

In the rural Eastern Cape the lack of available services to deal with juvenile or mentally disabled perpetrators of CSA was cited as a major problem. There were often reports of perpetrators being released into the community to reoffend because they were not old enough to be convicted. There appear to be no specific services locally available to rehabilitate youth perpetrators or to deal with perpetrators with mental disabilities (at least, if these services do exist, they are not being utilised by the criminal justice system and many community members are unaware of them).

## **Health services**

While health services were available to treat injuries and STIs, these are usually centrally located and not easily accessible to community members. This was especially the case at rural research sites. Meanwhile, the lack of social services for victims of CSA, such as professional and on-going counselling, contributes to post-traumatic psychological sequelae, which may reach advanced stages. Treatment for victims of CSA, for any internal injuries they have suffered as well as for STIs like HIV, was often reported to be available only at a centralised hospitals and not at clinics, requiring people to travel long distances in order to access them. This was especially the case for people living in rural locations. Child victims and their families may not be able to afford transportation to a hospital to access necessary services; meanwhile, post-exposure prophylaxis (PEP) needs to be started within 48 hours of exposure to HIV. This means that there is a very high risk of a child who has been victimized contracting HIV.

There is an obvious need for better access to integrated sexual assault services, which include medical, psycho-social and legal services. These are meant to be provided by Thuthuzela care centres, however it was reported that these were often only available at centralised health facilities that were difficult to access due to the long distances required to get to them (especially at rural research sites), and were moreover reported not to be available 24 / 7.

## **Existing community-based services**

Existing community-based services were reported as making some breakthroughs in supporting children. Especially valued by the communities were home-based care services, community driven NGOs and child-protection workers who can provide monitoring, care, support and referrals for vulnerable children, including CSA victims, by linking them with suitable health and social services. In rural areas, these community-based networks can also liaise with traditional leaders who exercise customary practices (such as restorative justice), thereby intervening in order to push for the rights of victims who need urgent medical and psychological attention. The participants emphasised the need for more community-based childcare workers — for more ‘eyes on the ground.’

## **Conclusion**

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Findings indicate that CSA risk (and the concomitant risk of HIV infection) is perpetuated by a specific combination of economic, infrastructural and socio-cultural factors that render children living in marginalised communities vulnerable to sexual abuse. These factors included but were not limited to, 1) lessened quality of care and supervision due to shifts in household composition (often caused by parents’ migration to urban areas in search of employment or HIV/AIDS-related deaths), 2) societal factors such as stigma and constructions of gender and sexuality which can both legitimate acts of CSA and silence victims and their families, and 3) the poor quality of and access to services for dealing with perpetrators and alleviating the effects of CSA on survivors through appropriate counselling and treatment.

Situations of extreme vulnerability arise as a consequence of a convergence of these factors, such as when mothers are socially and economically disempowered from protecting children from being sexual abused by their partners and from seeking help when abuse occurs. Or, when a child is sexually exploited or otherwise abused by extended family members or foster parents who are trusted as caregivers. Another situation of risk that can occur in rural communities is when the traditional practice of ‘paying for damages’ (whereby a perpetrator pays a victim’s family as compensation for sexually abusing a child) is chosen over reporting the case to criminal justice services. The consequence of this, however, is that the perpetrator will not face any criminal proceedings and in some cases it was reported that he would feel entitled to continue to victimise the child, because he has paid his dues.

This paper has shown how wider macro-systemic factors linked to socio-economic marginalisation impact on contexts of risk for child sexual abuse at the community-level. There are a number of implications for policy, legislation and programming: These relate to alleviating the traumatic impact of CSA on victims and their families, and to primary prevention; addressing the economic and socio-cultural drivers of CSA, and building safe environments for children where they can live free from the threat of sexual abuse.



While many international and South African donors and programmes increasingly prioritise addressing the needs of children orphaned as a result of AIDS, it emerged in this research that other categories of children are just as, if not more, vulnerable as orphans. This is consistent with emerging thinking in the field, which suggests that a persistent focus on the social challenges and consequences facing orphans is misguided if it neglects other categories of children who may be similarly disadvantaged. Children from single-parent households, those with physical or learning disabilities, street children, HIV-positive children, children of HIV-positive parents, and juvenile offenders, were identified as other categories of children who have a particular vulnerability to CSA and programmes that seek to prevent and respond to instances of CSA among these groups should be prioritised.

To be successful, organisations serving vulnerable children should adapt their programmes to work with children in innovative, age-appropriate ways, taking their lead from programmes like the successful Isibindi model of care:

*'We work where children are. We work in what we call the other 23 hours. We are not the one hour in the social worker's or psychologist's office; we are in the life space where children live their lives. We use ordinary daily life events like bathing and cooking and washing dishes in ways that are therapeutic or developmental.... Child and youth care workers understand that it's important to play with children. When you play with children, you relate to them at their level...they are focused on being where children are and getting to understand their emotional space, their psychological space, where they are at.... Engaging with children requires different skills to engaging with adults' (national child advocacy organisation, KwaZulu-Natal).*

When children's right to participate is protected, when they are involved in decisions about their care, they are more likely to end up in environments where they will be protected from abuse. It is critical that children have a say in the decisions that affect them and that caregivers and social workers consult vulnerable children about their desires when deciding who will care for them.

With regards to local level service provision, there should be accessible, confidential and comfortable services for reporting and responding to CSA. This can be achieved through expanding and improving the current Thuthuzela Care Centre model so that all centres are fully operational and provide 24/7 services with medical, legal and psychiatric professionals on hand. These centres should optimally be networked with social workers who are capacitated to provide on-going counselling and psychosocial support to victims and their families.

In addition to this, all police stations and health facilities should have child and victim-friendly sexual assault services available. There should be greater sensitization and capacity-building training for all service providers, including health, social and criminal justice workers. Multi-disciplinary and collaborative approaches should be promoted, including between NGO and government agencies.

There is a need for drastic improvements within the criminal justice system at every level, including addressing the attrition of rape cases (the dropping or filtering of cases from the criminal justice system) to ensure that alleged perpetrators face justice proceedings. The criminal justice system would be strengthened by 1) reinstating specialised Child Protection Units, 2) creating programmes that prepare child witnesses to give evidence, and 3) having child-friendly waiting rooms at courts.

It is also necessary to provide victims and their families with appropriate support and advice in the process of laying charges and pursuing the case through to trial and conviction. Children and their

guardians need to be capacitated and supported in accessing their rights, including access to information about the relevant laws and policies related to child sexual abuse.

At the level of primary prevention, programmes that address underlying social and cultural attitudes and practices that legitimate CSA, work to reduce gender inequality, address harmful, hegemonic constructions of masculinity and empower women socially and economically, are essential. Social drivers of CSA, which include unequal gender relations, unchallenged male dominance in communities, and attitudes towards sexuality and sexual abuse, are embedded within contexts of poverty, and high risk for CSA exists at the intersection of economic and social factors. Inequalities play out at multiple-levels: 1) Gendered and economic inequalities at community-level; for instance legitimating existing constructions of male sexual entitlement and disempowering women from speaking out about the abuse and protecting their children. 2) At the level of service provision; whereby victims and their families living in poor communities struggle to access necessary rights and services due to the perpetuation of their socio-economic marginalisation.

Involving communities in the development of programmes and services that address child sexual abuse is crucial to their sustainability and success. Participatory dialogues are proposed as a model of engagement that builds collaboration between communities, NGOs and government service providers to improve access to confidential victim-friendly services. These dialogues should interrogate social drivers of CSA and encourage critical thinking about masculinities and gendered inequalities. Mapping out scenarios or stories of how social, cultural and economic factors create situations of risk provides a platform for strategizing forms of action to address CSA as a community member, a survivor of CSA or her / his friend or relative, and as a service provider.

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