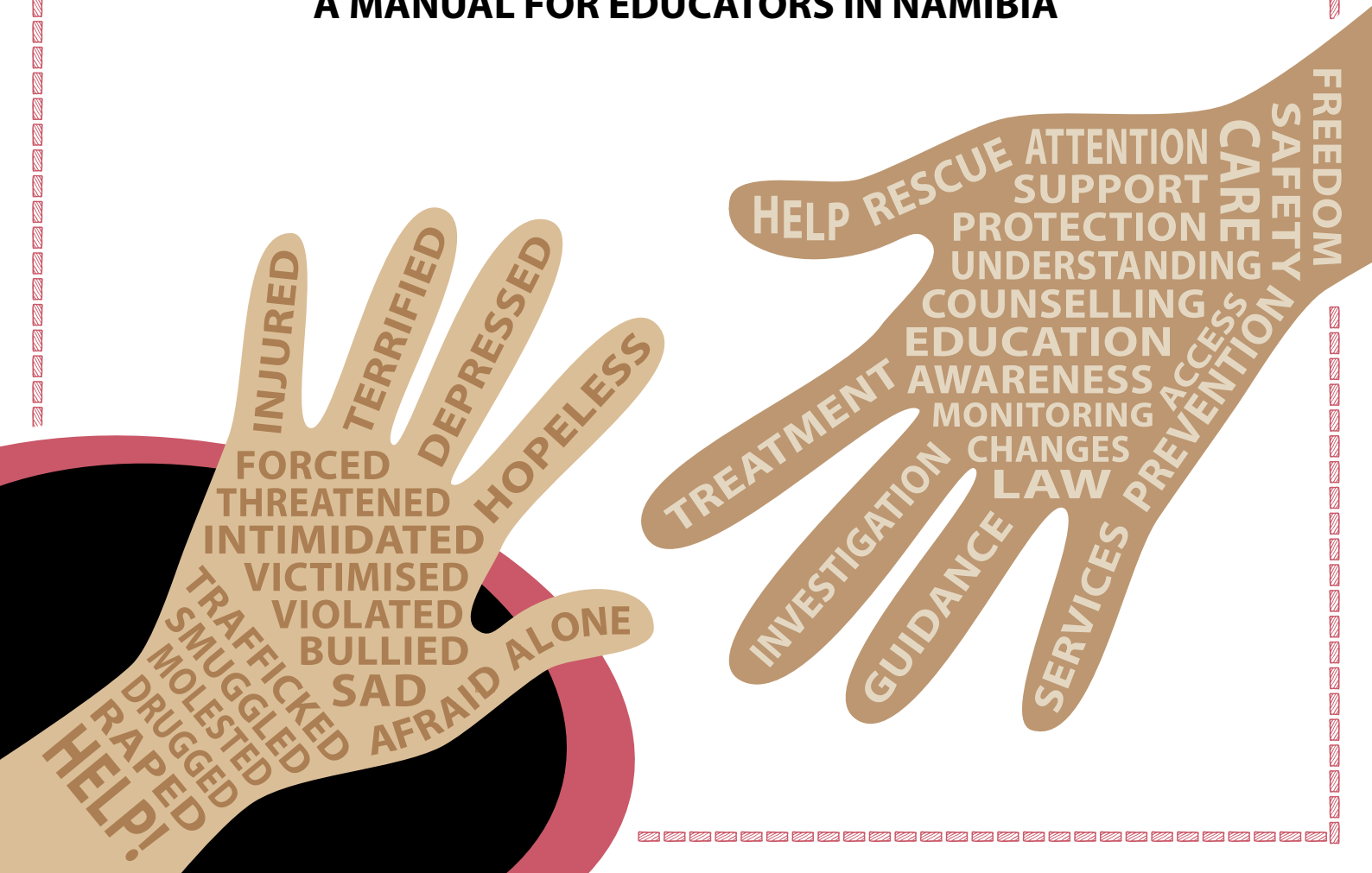
Ministry of Education, Arts and Culture
and United Nations Children's Fund
REPUBLIC OF NAMIBIA
2019

Responding to Sexual Violence in Schools

A MANUAL FOR EDUCATORS IN NAMIBIA



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and United Nations Children's Fund
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Printed by Typoprint (Pty) Ltd in Windhoek

A digital version (PDF) of this publication is available
on the MoEAC and UNICEF Namibia websites.

Contents

Glossary ii

National Safe Schools Framework iv

PART 1 BACKGROUND ON SEXUAL VIOLENCE 1

The social context of sexual violence 2
Myths surrounding sexual abuse 9
Gender socialisation and resocialisation 16

PART 2 THE CHILD 29

Socio-emotional development 30
Sexual development 35

PART 3 THE DYNAMICS OF CHILD ABUSE 43

Child sexual abuse 44
The process of disclosure 49
The impact of sexual abuse 55
Sex offenders who target children 62
Online exploitation of children 70
Child trafficking 81

PART 4 THE CHILD IN THE JUDICIAL PROCESS 91

An introduction to the legal process 92
Preparing children for court 99
The role of the educator in child abuse cases 103

Glossary

Ambivalence: the state of having mixed feelings or contradictory ideas about something or someone.

Attachment: an emotional bond between an infant or toddler and a primary caregiver, a strong bond being vital for the child's normal behavioural and social development.

Child Abuse Accommodation Syndrome: a group of symptoms or behaviour patterns typically manifested by young victims of sexual abuse, in an attempt to cope with the abuse.

Cognitive Development: the construction of thought processes, including remembering, problem-solving, and decision-making, from childhood through adolescence to adulthood.

Complex Post-traumatic Stress Disorder: a psychological disorder that can develop in response to a prolonged, repeated experience of interpersonal trauma in a context in which the individual has little or no chance of escape.

Cyberbullying: the use of technology to harass, threaten, embarrass or target another person.

Cybersex: an erotic communication between two people online via text, audio or video chat.

Disclosure: the gradual process of a victim informing others, either directly or indirectly, of their abuse.

Disinhibition: a lack of restraint manifested in disregard for social conventions, impulsivity and poor risk assessment.

Dissociation: a disruption in the usually integrated functions of consciousness, memory, identity and perception of the environment.

Domestic Violence: violent or aggressive behaviour within the home, typically involving the violent abuse of a spouse or partner.

Estrogen: hormones that promote the development and maintenance of female characteristics of the body.

Gender Socialisation: the process of learning the social expectations and attitudes associated with one's sex.

Grooming Process: the process used by a sex offender to build an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Children and young people can be groomed online or face to face, by a stranger or by someone they know.

Hypervigilance: the state of being highly or abnormally alert to potential danger or threat

Incest: sexual activity between individuals so closely related that marriage is legally prohibited.

Intrafamilial Abuse: abuse that occurs within the family, perpetrated by a family member.

Masturbation: stimulation of the genitals with the hand for sexual pleasure.

Post-traumatic Stress Disorder: a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock.

Sexting: the act of sending, receiving, or forwarding sexually explicit messages, photographs, or images, primarily between mobile phones.

Socialisation: the process, beginning during childhood, by which individuals acquire the values, habits, and attitudes of a society.

Sodomy: penetration of the anus

Trauma: a deeply distressing or disturbing experience.

Traumagenics: an assessment model used to understand the impact of sexual abuse on a victim.

Introduction

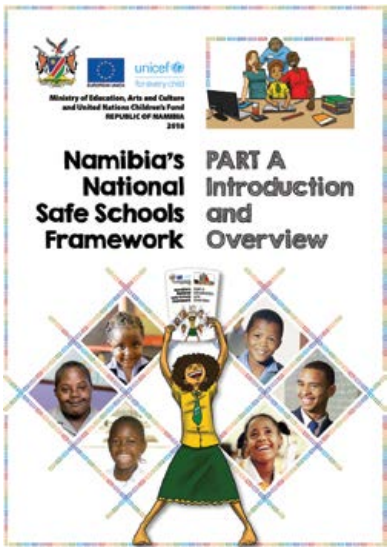
Violence against children is a serious human rights problem in Namibia, although the exact extent of the problem is not known due to under reporting by survivors of violence and the non-correlation of existing statistics. However, anecdotal evidence reveals that many children are routinely exposed to physical, sexual and psychological violence in their homes, schools, in care and justice systems, in places of work and in their communities.

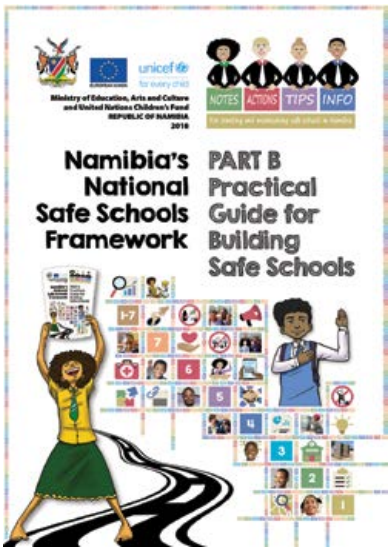
Schools play a vital role in protecting children from and responding to violence, within and outside the school system. Educators, school counsellors and other relevant staff must be trained to identify possible cases of abuse of their learners and equip the learners with the skills and knowledge to protect themselves from abuse. In addition, many learners are subjected to abuse within the school context and need to know that they can be assisted by their schools to prevent further victimisation.

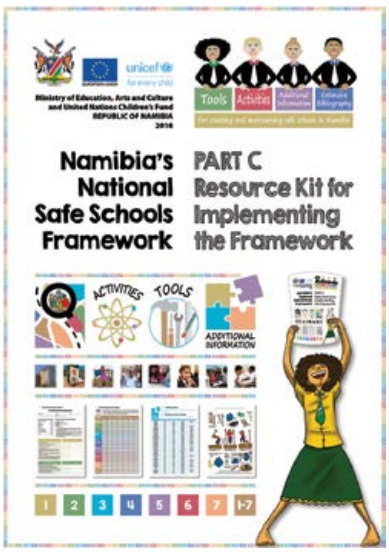
This manual has been designed for use by teachers who have undergone the training entitled 'Responding to Sexual Violence in Schools; A Guide for Educators'. The training is part of the Ministry of Education, Arts and Culture's Integrated School Health Programme which also includes issues of school safety. This training also addresses some of the issues dealt with in the National Safe Schools Framework, and the Framework should also be used by teachers as a reference document when dealing with issues of violence or abuse.

The training 'Responding to Sexual Violence in Schools; A Guide for Educators' also contributes towards a broader, national effort to improve the reporting of sexual violence and strengthening the subsequent criminal justice processes. This process includes the training of police, social workers, judges and prosecutors on how to investigate and prosecute cases where there are child witnesses.

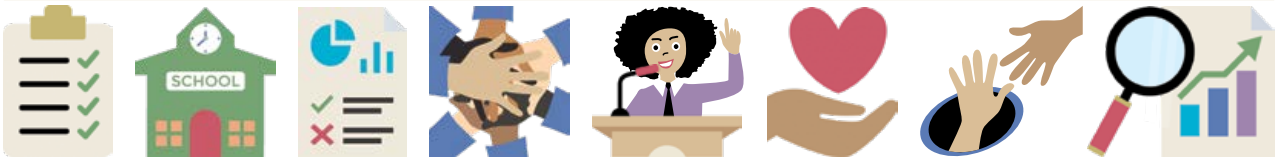
The purpose of this manual is to provide educators and other school representatives with information about violence against children, specifically sexual violence and online sexual exploitation. This information will increase knowledge and, in turn, the ability of a school to respond to and prevent the abuse of its learners. This manual also aims to help teacher better understand their rights and responsibilities when it comes to reporting suspected crimes and partaking in the criminal justice process as witnesses should this be necessity.







Seven Minimum Standards for Safe Schools in Namibia



I-7	Integrated monitoring and evaluation for safe schools
7	Effective prevention of and response to substance abuse in schools
6	Effective prevention of and response to violence and self-harm
5	Effective school leadership
4	Positive and collaborative practices and attitudes
3	Well-defined policies and reporting and referral procedures
2	Child-friendly school infrastructure
1	Establishing the foundation: Safe Schools Questionnaire

National Safe Schools Framework

PART 1

BACKGROUND ON SEXUAL VIOLENCE



The social context of sexual violence 2
Myths surrounding sexual abuse 9
Gender socialisation and resocialisation 16

The social context of sexual violence

AIMS

- **To provide the participant with an introduction to the concept of social context, with particular reference to sexual offences**
- **To provide the participant with information regarding the status of sexual offences in Namibia generally and Namibian schools in particular**

OUTCOMES

- **An improved understanding of the social context of sexual violence in Namibia**

1. **Social context awareness**
2. **Sexual violence in Namibia**
3. **Violence in schools**

1. Social context awareness

The term "social context" means the social environment in which one operates. The social context of an individual includes the culture that they were educated and/or live in, and the people and institutions with whom they interact. Members of the same social environment will often think in similar ways, even when their conclusions differ, and this contributes to a sense of social cohesion within that particular environment.

SOCIAL CONTEXT IS THE PERSPECTIVE FROM WHICH AN INDIVIDUAL VIEWS AND PERCEIVES OTHER PERSONS, SITUATIONS AND CIRCUMSTANCES, AS INFLUENCED BY HIS OR HER UPBRINGING, CULTURE AND BELIEFS.

Each of us carries with us our own beliefs and baggage, be it emotional, spiritual, sexual or otherwise. Each of us grew up in a certain environment, within a certain social class, raised and influenced by our parents' beliefs, morals and standards. We generally ascribe to these norms unquestioningly, and usually we will bring up our own children along those same lines. Each of us is different; we ascribe to different social, cultural and religious beliefs.

Our beliefs about others, their circumstances and situations are often based on certain prejudices and misconceptions flowing from our own social context. We stereotype others according to our own range of belief systems and the myths we ascribe to. For instance, societal perceptions about sexual practices vary from one culture to another, and from one time to another. What is considered to be normal now, may at another time have been considered immoral. For instance, sex before marriage was considered

highly immoral at one time, but is nowadays considered to be an acceptable practice. Some cultures may consider it normal for men to have multiple wives or partners while others would consider this to be deviant behaviour. This is as a result of the influence of social context. It therefore follows that our views about, and reaction to, sexual offences, perpetrators and victims of these offences are the result of our social context. For this reason it is important to have an understanding of the concept of sexual offences in Namibia.

2. Sexual violence in Namibia

Namibia has high rates of sexual violence and domestic violence. This has been confirmed by studies conducted in Namibia as well as statistics provided by police. An international study conducted in Namibia indicated that approximately 30% of all young women in Namibia reported their early sexual experiences before the age of 15 as "forced" (UNAIDS 2013).

Gender-based violence in Namibia has been described as rampant and, on average, there have been approximately 1075 reported cases of rape nationwide for each of the four years from 2009 to 2012. But, since research has shown that victims do not report sexual violence due to fear of the perpetrator, family pressure, self-blame, embarrassment and social stigma, it is believed that the incidence of sexual violence is much higher than these figures suggest (UNAIDS 2013).

- WOMEN AND GIRLS ARE THE VICTIMS IN 92-94% OF RAPE CASES
- 33% OF VICTIMS ARE UNDER 18
- THE MOST PERVASIVE FORM OF GBV IS DOMESTIC VIOLENCE BY INTIMATE PARTNER
- 86% OF VICTIMS OF DOMESTIC VIOLENCE ARE WOMEN
- 93% OF PERPETRATORS OF DOMESTIC VIOLENCE ARE MEN

In 2005, the Word Health Organization reported the findings of its multi-country study on women's health and domestic violence against women (WHO 2005). In Namibia, individual interviews were conducted with 1500 women aged between 15 and 49. The sample included women from all income groups and each ethnic group in the country. The study found that over one third of all women in Namibia who had been in a relationship reported having experienced physical or sexual violence by an intimate partner.

- 31% OF WOMEN HAD EXPERIENCED PHYSICAL VIOLENCE
- 17% OF WOMEN HAD EXPERIENCED SEXUAL VIOLENCE
- 19% OF WOMEN HAD EXPERIENCED PHYSICAL VIOLENCE BY A NON-PARTNER AFTER AGE 15
- 6% OF WOMEN HAD EXPERIENCED SEXUAL VIOLENCE BY A NON-PARTNER

The perpetrators of physical violence against the women in the WHO study included:

- teachers (26%)
- boyfriends (28%)
- fathers (19%)
- female family members (19%).

The most commonly mentioned perpetrators of sexual violence were boyfriends (55%).

The following detailed information that emerged from the study assists in providing a clearer picture of violence against women in Namibia, and sexual violence in particular:

- 31% OF WOMEN HAD EXPERIENCED PHYSICAL VIOLENCE
  - One third of these women were injured
  - Injuries included bruises, abrasions, ear and eye injuries, cuts, punctures and bites
- 6% OF PREGNANT WOMEN HAD BEEN BEATEN
  - 49% of these women were kicked or punched in the abdomen.

Disclosure of abuse is a complex issue. When the respondents in this study were interviewed face to face, 5% said that they had been sexually abused before the age of 15. However, when they were allowed to report anonymously, 21% reported sexual abuse before age 15. One third of those who reported having had a sexual experience before age 15 disclosed that they were physically forced to do so (WHO 2005).

In 2006, the Legal Assistance Centre reported the findings of its study on rape in Namibia (LAC 2006). This study found that the vast majority (95%) of victims of rape were girls and women. The youngest rape victim was one year old (anal rape by a 17-year-old) and the oldest was 83 years old (raped by a 33-year-old housebreaker). In the sample, approximately 51% of the cases involved child complainants under the age of 18. More than 16% of the cases in the sample involved complainants under the age of 10, with over 6% involving children under the age of 6.

PERSONS WITH DISABILITIES

- 3% OF CASES INVOLVED PERSONS WITH DISABILITIES
- MOST CASES INVOLVED FEMALES (ONLY 1 MALE)
- 64% INVOLVED COMPLAINANTS BETWEEN THE AGES OF 12 AND 22
- IN 50% OF THE CASES THE PERPETRATOR WAS KNOWN TO THE VICTIM
  - Stepfathers and landlords
- CONVICTIONS IN 2 (OF 14) CASES – LACK OF EVIDENCE

Persons with disabilities are more vulnerable to sexual violence for one or more of these reasons:

- They are not in a position to defend themselves physically.
- They have difficulty communicating so are unable to report.
- They are very dependent on caregivers.
- There is stigma, discrimination and ignorance about disability.
- There is minimal social support for people who care for them.

The factors that make such persons vulnerable to abuse are the very factors that make it difficult for them to access help. This is exacerbated by communication impairments which make it difficult, if not impossible, for these victims to disclose their experiences of abuse. For these reasons, it is assumed that sexual offences against persons with disabilities are vastly under-reported (Legal Assistance Centre 2006).

Rape is a serious form of domestic violence in Namibia, since the vast majority of cases have involved a person known to the victim (67% of cases), and about a quarter of the cases involved a family member, spouse or intimate partner, ex-spouse or ex-partner. For example, two fathers were accused of raping their own daughter, four half-brothers were accused of raping their half-sister, and 15 uncles allegedly raped their niece (Legal Assistance Centre 2006).

- 99% OF PERPETRATORS MALE
- PERPETRATORS UNDER 18 IN 13% OF CASES
- OLDEST PERPETRATOR 92 YEARS OLD
- YOUNGEST PERPETRATOR 7 YEARS OLD

Other than the injury of the rape itself, the complainants sustained injuries in 28% of the cases. Sometimes there were multiple injuries. The most common injuries were bruises and cuts, followed by cases of broken bones, while the most serious injury was death. In two cases the rape was followed by murder, and both cases involved child victims (Legal Assistance Centre 2006).

The Legal Assistance Centre study (2006) also examined the time and place of the rapes, and found that no time of day was safe, but night-time was definitely twice as dangerous as daytime, with 47% of the rapes taking place at night and 27% during the day. In the other cases, the time could not be ascertained or the sexual assault took place over a period of time.

RAPES TAKE PLACE AT NIGHT BECAUSE ...

- EASIER TO EVADE DETECTION
- MORE PEOPLE AT HOME
- MORE PRIVACY AND SECRECY
- MORE POPULAR TIME FOR ALCOHOL CONSUMPTION

The scariest finding of the LAC study was that the riskiest place for rape was the home, whether the home of the complainant, the perpetrator, a relative or somebody else. More than 52% of the rapes occurred in a home. This finding is consistent with the fact that rapes tend to be perpetrated by a partner, relative or acquaintance. So, it would appear that the complainant is often in a home setting with someone who is trusted when the rape occurs.

There are a number of reasons for rape not being reported. Jewkes et al. (1999) identified the following factors. Although these factors were identified in a research project in South Africa, they would be applicable to the Namibian population as well.

REASONS FOR NON-REPORTING OF RAPE

- FEAR OF RETALIATION OR INTIMIDATION BY THE PERPETRATOR
- LACK OF ACCESS TO SERVICES
- PERSONAL HUMILIATION OF BEING EXPOSED WITHIN THE COMMUNITY
- PSYCHOLOGICAL IMPACT OF TRAUMA
  - Denial
  - Low self-esteem
  - Helplessness
- RELUCTANCE TO CAUSE PAIN TO LOVED ONES
- MYTHS AND STEREOTYPES SURROUNDING RAPE
- OFFENDER KNOWN TO VICTIM
- NEGATIVE FINANCIAL CONSEQUENCES

It is important to have an understanding of sexual violence in Namibia, since school-based violence does not take place in a vacuum but is rather influenced and shaped by contextual factors. What happens in

the school context is usually a reflection of what is taking place in the broader social contexts in which schools are found, so what happens in schools is usually a reflection of what happens in the wider community. Although a school has been constructed as a place in which children can learn in a safe and protected environment, there is increasing concern that schools in Africa are the sites of widespread violence.

3. Violence in schools

Violence within schools is an international phenomenon. Although school-based violence is not new, the nature of the violence has become increasingly serious. It has moved from bullying to more serious forms of violence, like rape and even murder. However, the exact prevalence of school-based violence is unknown as many cases are unreported.

REASONS FOR NON-REPORTING AT SCHOOLS

- NON-AVAILABILITY OF CAREGIVERS
- NORMALISATION OF VIOLENCE
- FEAR OF REVENGE
- INEFFECTIVE REPORTING PROCEDURES
- PROTECTION OF SCHOOL AND/OR LEADERSHIP

It is interesting to compare the findings of the following two studies, one conducted in South Africa and the other in Namibia. These findings assist in understanding the social context of these offences. The National Schools Violence Study was conducted by the Centre for Justice and Crime Prevention in 2007. The aim of the study was to gather data to examine the extent of violence in South African schools. The following statistics emerged from the study (Burton 2008):

- 15,3% OF PRIMARY AND SECONDARY SCHOLARS EXPERIENCED VIOLENCE AT SCHOOL
- 1,8 MILLION CHILDREN EXPERIENCED SCHOOL-BASED VIOLENCE
- GIRLS WERE VICTIMS OF SEXUAL HARASSMENT, RAPE AND SEXUAL ASSAULT
- BOYS WERE PHYSICALLY ASSAULTED AND BULLIED
- VIOLENCE NOT A ONCE-OFF EVENT

What also emerged in the study were reports of 'love relationships' by participants. 'Love relationships' refer to sexual relationships between educators and participants. These relationships ranged from being secretive to the common knowledge of other participants. It would appear that participants are afraid of disclosing these relationships as they believe that they will result in negative consequences such as being failed or even stigmatisation (Burton 2008).

Sexual violence by educators against children in South African schools is widespread. In a 2001 report, Human Rights Watch (2001) states that sexual violence against girls "permeates the whole of the South African education system". The report states that educators and others had subjected females to rape, sexual assault, offers of better grades or money in exchange for sexual favours or other forms of abuse (Human Rights Watch 2001: 44). Following its hearings, the South African Human Rights Commission (2006) identified sexual violence as one of the most prevalent forms of violence in schools.

FACTORS CONTRIBUTING TO PREVALENCE OF VIOLENCE

- LACK OF AWARENESS AMONG EDUCATORS REGARDING PROCESSES FOR DEALING WITH SEXUAL VIOLENCE
- SCHOOLS RELUCTANT TO TAKE ACTION AGAINST EDUCATORS
- EDUCATORS' BACKGROUND NOT SCREENED

In Namibia, Burton et al. (2011) conducted research in four rural areas in Namibia (Ohangwena, Omusati, Oshana and Oshikoto). They interviewed 381 youths between the ages of 12 and 19. The study found that children experienced and were exposed to various forms of violence, both as victims and as witnesses, at school, in their homes and within their communities.

VICTIMISATION AT SCHOOL INCLUDED:

- BEING VERBALLY TEASED, INSULTED OR INTIMIDATED (22,6%)
- BEING PHYSICALLY HIT, KICKED OR PUNCHED (18,8%)
- BEING SCARED OR THREATENED WITH HARM (17,3%)
- BEING FORCED TO DO SOMETHING THEY FELT WAS WRONG (11,6%)
- BEING FORCED TO DO THINGS WITH THEIR BODY AGAINST THEIR WILL (5,7%)

Most of this violence was perpetrated by classmates or others at the school. However, these were not the only perpetrators of violence against youths within the school environment: corporal punishment was reported by 72,6% of the sample. Participants also expressed acute awareness of transactional sexual relationships between educators and learners. Participants spoke about male teachers propositioning female learners, promising them higher marks or a grade pass in exchange for sex.

Girls reported a greater level of bullying than boys, and this seems to be in line with the increasing prevalence of bullying among girl participants in some developing countries. In the interviews, when discussing their experiences of verbal violence at school, many children referred to the issues of HIV/AIDS and the stigma and discrimination they experienced from other participants.

Another alarming finding in the study was the frequency with which participants reported being victimised within the school environment. Half of the interviewees (50,8%) who had been scared or threatened with harm had been subjected to this form of abuse between 2 and 5 times, while a quarter had been victimised in this way more than 10 times.

Physical violence was also repeated on numerous occasions. More than a third of the participants who had been physically hit, kicked or punched at school had been victimised in this way between 1 and 5 times, while one in five (22,9%) youths had been physically attacked at school more than 10 times.

SEXUAL VICTIMISATION AT SCHOOL WAS ALSO REPEATED:

- 45,5% EXPERIENCED SEXUAL ASSAULT ONCE AT SCHOOL
- 31,8% EXPERIENCED SEXUAL ASSAULT 2-5 TIMES
- 18,2% EXPERIENCED SEXUAL ASSAULT MORE THAN 10 TIMES

This makes logical sense in view of the fact that the abusers have been identified as classmates, other participants and teachers.

FOR MANY PARTICIPANTS, SCHOOL IS OFTEN ASSOCIATED WITH FEELINGS OF FEAR AND IS NOT SEEN AS AN ENVIRONMENT WHERE QUALITY LEARNING CAN TAKE PLACE.

Young people are thus at risk of victimisation both within the school grounds and when travelling to and from school. The most feared places at school were the classrooms (44,5%) and the principal's office (24,1%), followed by school corridors and school toilets. Females were more afraid within the school environment, while males were more afraid when travelling to and from school.

THE JOURNEY TO AND FROM SCHOOL IS ALSO AN AREA OF CONCERN:

- 8,7% OF PARTICIPANTS REPORTED BEING FEARFUL WHEN TRAVELLING TO AND FROM SCHOOL
- NEARLY ALL RESPONDENTS WALK TO SCHOOL (97,3%)
- FOR 3 OUT OF 5 PARTICIPANTS (60,9%), THE JOURNEY TO SCHOOL TAKES ABOUT 30 MINUTES OR LESS
- 26,5% REPORTED A JOURNEY BETWEEN 30 MINUTES AND AN HOUR
- 0,7% REPORTED SPENDING 1 TO 2 HOURS A DAY TRAVELLING TO SCHOOL

In short, the school environment is perceived to be hostile, insecure and threatening, and the violence within the school setting seems to reflect the violence reported in the homes and communities in which the respondents live.



Myths surrounding sexual abuse

AIMS

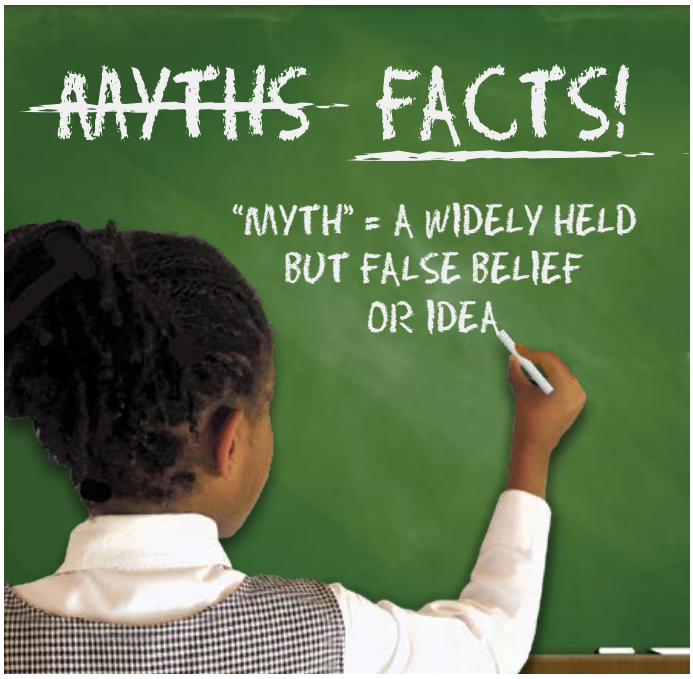
- **To identify myths surrounding sexual abuse**
- **To evaluate myths surrounding sexual abuse in terms of available research**

OUTCOMES

- **The participant will have the knowledge to be able to critically evaluate myths surrounding sexual abuse and the impact that these myths have on the way these matters are approached and victims treated.**

1. **Introduction**
2. **Myths about child sexual abuse**

1. Introduction



Individual persons carry with them their own beliefs about their world, be they emotional, spiritual, sexual or otherwise. Each person grows up in a certain environment, within a certain social class, and is brought up and influenced by their own family's and community's beliefs, morals and standards. People usually ascribe to these norms unquestioningly, and usually perpetuate them when raising their own children.

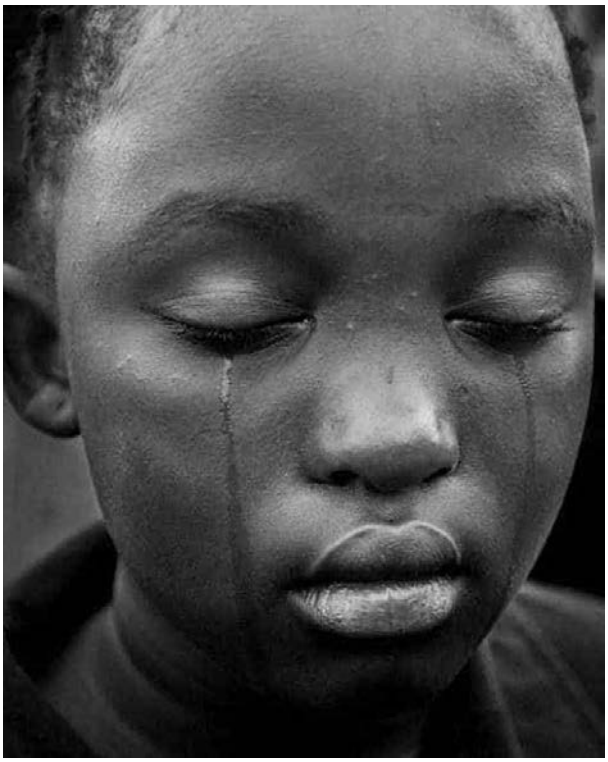
A person's beliefs about others, their circumstances and situations, are often based on certain prejudices and misconceptions flowing from their own social context. The individual stereotypes others according to his or her own range of belief systems.

It seems reasonable, therefore, to assume that attitudes and views about child abuse, and reactions to it, are the result of the social context in which an individual is raised. In general, these attitudes and views tend to reflect society's reluctance to acknowledge and confront the reality of child abuse, and society's rationalising of the behaviour of victims according to its own stereotypes. It is therefore important to examine the attitudes and views relating to child abuse, to evaluate whether they are accurate as opposed to what is commonly referred to as *myths*, and what impact these attitudes and views have on individual victims and the society's response to these victims.

2. Myths about child sexual abuse

The most common myths are highlighted here.

MYTH: Child abuse is a rare occurrence.



The World Health Organization published a study report on violence and health (WHO 2005), which states that official statistics often reveal very little about the extent and patterns of abuse because of poor recording processes and ineffective or non-existent responding to reports of child abuse. This is exacerbated by the fact that there are differing legal and cultural definitions of abuse and neglect between countries. Therefore, there is evidence that only a small proportion of cases of child maltreatment are reported to authorities, even when mandatory reporting exists. This suggests that there are far more cases of child abuse that are not reported.

MYTH: Abused children almost always come from poor, minority and/or inner-city families.

The World Health Organization (2005) identified common risk factors for child abuse and neglect. The factors examined included: the characteristics of the individual child, the child's family or caregiver or other perpetrator; the nature of the local community; and the community's social, economic and cultural environment. Following is a summary of the findings:

FOR THE CHILD

- **AGE**
  - Fatal cases of physical abuse largely among young infants
  - Non-fatal cases largely among young children
  - Sexual abuse affects both younger and older children
- **SEX**
  - Girls more at risk than boys for infanticide, sexual abuse, educational and nutritional neglect and forced prostitution
  - Boys at greater risk of harsher physical punishment
- **SPECIAL CHARACTERISTICS**
  - Increased risk of physical abuse and neglect of premature babies, twins and handicapped children

FOR THE FAMILY AND CAREGIVER

- **SEX**
  - Women use more physical discipline
  - Men inflict more life-threatening injuries
  - Men predominant sexual abusers
- **FAMILY STRUCTURE AND RESOURCES**
  - Abusers more likely to be young, single, poor and unemployed
  - Lack of income increases risk
- **FAMILY SIZE AND HOUSEHOLD**
  - The larger the family, the greater the risk
  - The more overcrowded, the greater the risk
  - Unstable family environments
- **PERSONALITY AND BEHAVIOURAL CHARACTERISTICS**
  - Abusers: low self-esteem; poor impulse control; mental health problems
  - Uniformed and unrealistic expectations of children
- **PRIOR HISTORY OF ABUSE**
  - Higher risk if parents themselves abused/neglected
- **VIOLENCE IN THE HOME**
  - Relationship between domestic violence and child abuse
- **OTHER CHARACTERISTICS**
  - Stress and social isolation of parent
  - Link between substance abuse and child abuse

FOR THE COMMUNITY

- **POVERTY**
  - There is a strong relationship between poverty and child maltreatment.
  - Chronic poverty also reduces the ability of parents and the availability of resources to assist child victims.
- **SOCIAL CAPITAL**
  - This refers to the degree of cohesion and solidarity within communities.
  - Children living in areas with less social capital or social investment in the community appear to be at greater risk of abuse.
- **SOCIETAL FACTORS**

  A wide range of social factors influence the wellbeing of children and families, and include:
  - cultural values that shape the choices facing families;
  - inequalities related to sex and income;
  - cultural norms surrounding gender roles, parent-child relationships and the privacy of the family;
  - child and family policies, i.e. parental leave, maternal employment and childcare arrangements;
  - the nature and extent of preventive healthcare for infants and children as an aid in identifying cases of abuse in children;
  - the social welfare system and other sources of support for the safety of children and families;
  - social protection and the criminal justice system; and
  - larger social conflicts and war.

It is important to be aware that although it is accepted that these risk factors make children vulnerable to child abuse, this does not mean that only the children to whom these factors pertain are vulnerable; child abuse can also occur in wealthy, educated families, who appear to the outside world to be perfectly normal families.

MYTH: Child victims of abuse will scream or try to run away.

Research argues that the typical reaction of a child is not to use force to deal with overwhelming threat, but rather to submit quietly, seldom with protest, and to keep the abuse a secret. The reason for this is that, in most cultures, children are taught to respect and obey their elders. In addition, they are often completely dependent on adults for their survival, both emotional and physical. Most child victims of abuse experience an intense feeling of helplessness which reduces the likelihood of their trying to scream or run away from the abusive situation.

MYTH: Children often lie, exaggerate or fantasise about being sexually abused.

It is widely believed that children make up stories about being abused, have vivid imaginations and cannot always tell the difference between fact and fantasy. Researchers, however, have explained that although it is true that children tend to fantasise, they can only fantasise from the framework of their own experience. In addition, children's fantasies are usually about something positive in which they hold a position of power rather than one of helplessness or being a victim of circumstances. Children do not have the explicit sexual knowledge they would need to be able to talk about sex unless they have experienced it. Contrary to the popular misconception that children are prone to exaggerating sexual abuse, research shows that children often minimise and deny rather than embellish what has happened to them. They are therefore more likely to fail to report negative experiences that actually did happen to them than to falsely remember ones that did not.

MYTH: Victims will tell someone immediately after they have been sexually abused.

Victims of sexual abuse are often subjected to some kind of threat or coerced into silence. Due to their stage of moral and cognitive functioning, children are often unable to disregard these threats, and most of the time the child will believe the perpetrator. This fact, combined with the intimate nature of sexual matters, results in only a few children disclosing the sexual abuse immediately. In most cases, the sexual abuse is disclosed accidentally or in fragments after a period of time.

International estimates suggest that only 3% of all cases of child sexual abuse, and only 12% of rapes involving children, are ever reported to police. Boys seem to have particular difficulty dealing with sexual abuse, and are even less likely than girls to report it. As with female victims, the more severe the abuse, the less likely male victims are to disclose. In addition to self-blame, the reluctance of boys to disclose the abuse may be traced to the social stigma attached to victimisation coupled with fears that they will be labelled homosexual.

MYTH: After a child has been sexually abused, the child will dislike the perpetrator and try to avoid contact if possible.

A study conducted by the American Prosecutors Research Institute found that most sexual predators use a process of grooming to coerce the child into having some form of intimate interaction with them. According to this research, only 10–15% of child molesters in the United States of America use force or threats. They very often try to fulfil some emotional need of the child, and once they become a trusted figure in the child's life, they will gradually begin to sexually abuse the child. This grooming process creates feelings of ambivalence in the child. The child perceives the perpetrator as being both someone to like and someone to fear.

MYTH: Children seduce adults into sexual abuse.

It is often alleged that women or girls solicit sexual abuse by the way they dress or behave. Rape and sexual assault are crimes of violence and control that stem from a person's determination to exercise power over another. Neither provocative dress nor promiscuous behaviour are invitations for unwanted sexual activity. Forcing someone to engage in non-consensual sexual activity is sexual assault, regardless of the way that person dresses or acts.

Children, on the other hand, develop sexually as well as cognitively, physically, and emotionally. Although children engage in sexual play as they develop, it is usually as part of an explorative learning process rather than a seductive provocation. Seductive behaviour in children is an adult's interpretation of that behaviour. Once the child has been sexually abused, however, they may try to imitate sexual activities with an adult – a sexual 'acting out'. This should be investigated as a sign of previous sexual abuse and not as seduction.

MYTH: Survivors of sexual offences will necessarily have injuries.

The absence of injuries to the sexual organs of a victim does not indicate that there was no sexual assault. The psychological impact of the trauma of a sexual offence often outweighs any physical injuries that may have been caused by the abusive experience. Medical research has shown that even if penetration of a vagina or anus by an object (penis or otherwise) occurs, the time lapse between the abusive event and the medical examination (48 hours or more) is often enough time to allow the penetrated area to heal, thereby indicating normal or non-specific genital or anal areas from which no specific medical evidence can be determined. In addition, when performing acts of sexual abuse on children, many perpetrators do not deliberately intend to injure them. They hope, for instance, to ensure future access to this specific child. Furthermore, child molesters have been known to use lubricants when trying to penetrate the child.

In order to understand the complexity of determining medical findings in cases of child sexual abuse of female victims, one needs to understand the biology of the female vagina. Women's Sexual Health (undated) state that many people think the hymen is like a piece of glad wrap that seals the end of the vagina, and that the first time you have sex it is broken. The hymen is actually a collar of tissue attached to the vaginal wall just inside the vagina, with an opening in the centre. All women are born with a hymen. The thickness and elasticity of the hymen varies according to the level of estrogen in the body. When a female baby is born, her vagina will be elastic due to the presence of her mother's estrogen. Shortly after birth, however, this disappears. Prior to puberty, the hymen does not have much stretch, so may be damaged if a large enough object were to be passed through it. Once a female goes through puberty and starts to develop estrogen, the hymen becomes thickened and more elastic in nature, whereupon it can easily accommodate an object such as a tampon or penis and simply stretch out and back again.

Virginity or sexual abstinence carries the illusion of purity and cleanliness. This sense of purity has been emphasised by both religious and cultural belief. Certain religions and cultures talk about women being unclean while pregnant, or when they menstruate, or for a period after the birth of a child. Many religions and cultures see vaginal fluids as unclean.

MYTH: Survivors of sexual offences will necessarily have injuries.

The myth that having sex with a virgin can cure sexually transmitted diseases has existed for centuries, stretching back to the 16th Century. In Victorian England, brothels were kept and stocked with 'virgin' women who were mentally disabled, because it was believed that a syphilitic man could be cured of the infection by having sex with a virgin.

According to the virgin cleansing myth in Southern Africa, a man can 'cleanse' his blood of HIV/AIDS through intercourse with a virgin, which is also considered to act as an inoculation against further infection. The perception is that the vaginal passage, being sealed off by the intact hymen, would act as a barrier that prevents HIV from getting into the female's womb and hence her blood. In addition, because the hymen is intact, it is believed that there are no vaginal fluids and the female is therefore clean, dry and uncontaminated. This is of course completely untrue.

MYTH: The most common form of abuse suffered by children at home is sexual abuse.

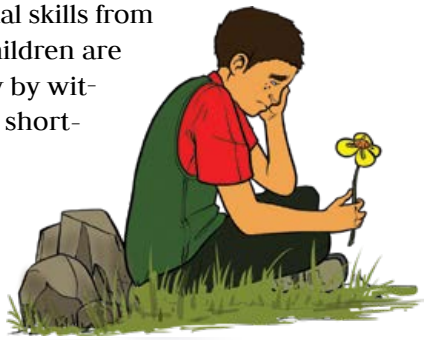
According to a study conducted by the National Society for the Prevention of Cruelty to Children (NSPCC), children are seven times more likely to be beaten badly by their parents than sexually abused.

According to the National Exchange Club Foundation, child neglect is the most common form of child maltreatment in the United States of America, totalling 63% of all cases of child abuse. Physical abuse of children is the second most commonly reported form of child abuse, at 19% of all cases. Please note that physically hurting a child, even for the purpose of discipline, is considered to be physical abuse.



MYTH: Being exposed to domestic violence does not harm children.

Abuse is a learned behaviour. Children learn their behaviours and social skills from their surrounding environment. Therefore, it stands to reason that children are affected emotionally, developmentally, cognitively and behaviourally by witnessing abuse. Research has shown that children experience both short-term and long-term problems from witnessing domestic violence.





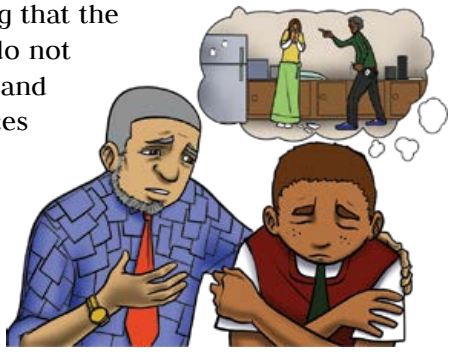
EFFECTS OF WITNESSING DOMESTIC VIOLENCE:

- CHILDREN SHOW MORE PROBLEMS WITH ANXIETY, SELF-ESTEEM, DEPRESSION, ANGER AND PERSONALITY
- ASSOCIATED WITH LOWER COGNITIVE FUNCTIONING
- HAS IMPACT ON CHILD'S USE OF VIOLENCE AND INABILITY TO RESOLVE CONFLICT WITHOUT USING VIOLENCE DUE TO LACK OF OTHER COPING SKILLS

According to the latest statistics, one in three African children is exposed to some form of physical violence.

MYTH: Most sexual offences occur between people who do not know each other.

Society often ascribes to the notion of "stranger danger", believing that the majority of sexual offences are committed between people who do not know each other. Research indicates quite the contrary, however, and researchers and practitioners alike now accept that sexual offences are most often committed by a person who the victim trusts and knows, like a relative or family friend.



Research shows higher statistics for women and children being abused by someone they know and trust: 85-90% of children are molested by someone they know, most often a relative, family friend or caretaker. Children are especially vulnerable to those adults who have power or authority over them. The fact that the familiar person has ongoing access to the child makes it easier to be alone with that child and to force or coerce the child to cooperate in the sexual activity. The abuser is also often the last person to be suspected of committing the crime.

THE ROLE OF THE EDUCATOR

EDUCATORS SHOULD USE THEIR KNOWLEDGE OF THE MYTHS IDENTIFIED HERE TO INTRODUCE DISCUSSIONS AT SCHOOLS SO THAT THEY CAN DISPEL THESE MYTHS AMONGST THE LEARNERS.

Gender socialisation and resocialisation

AIMS

- **To explain the concepts relating to sex and gender and related terminology**
- **To identify and evaluate gender norms within the community**
- **To explain gender resocialisation and its implications**
- **To investigate methods of gender resocialisation for the youth**

OUTCOMES

- **The participant will have an understanding of the concepts and terminology related to gender.**
- **The participant will be able to identify gender norms and evaluate whether they are positive or negative norms.**
- **The participant will understand the meaning and importance of gender resocialisation.**
- **The participant will be able to develop sessions on gender resocialisation for the youth.**

1. **Introduction**
2. **The difference between sex and gender**
3. **Gender roles**
4. **Gender identity**
5. **Stereotypes**
6. **Gender socialisation**
7. **Gender socialisation and equality**
8. **The link between gender socialisation and sexual violence**
9. **Namibian context**
10. **Gender resocialisation**
11. **Introducing gender resocialisation in schools**
12. **Evaluation of programmes**
13. **Conclusion**

READING LIST

1. Introduction

Who we are, the way we behave and the way we think are products of the manner in which we have been socialised. As from birth, we are constantly shaped by society. In 2009 the neuroscientist Lise Eliot (2009) published a book based on scientific studies conducted on the gender socialisation of babies. She discovered that as from birth, parents unconsciously behave differently around boys and girls, and influence their behaviour in ways that conform to gender norms. Numerous studies have found that parents attribute traits to their offspring based on their gender without being aware of doing so.

Socialisation is the lifelong process by which individuals learn the customs and social behaviours expected of them in their societies. Gender socialisation is a term used to describe social learning that takes place with respect to gender, and incorporates an understanding of two related and more commonly used constructs: gender norms and gender identity.

GENDER NORMS:
SETS OF RULES FOR WHAT IS APPROPRIATE MASCULINE AND FEMININE BEHAVIOUR IN A GIVEN CULTURE

GENDER IDENTITY:
THE WAY INDIVIDUALS THINK OF THEMSELVES AS BEING MALE OR FEMALE

Gender socialisation can be seen as a multi-dimensional process that occurs over time, and through which individuals learn the gender norms and rules of their society, subsequently developing an internal gender identity. The terminology discussed in the next sections is applicable to gender socialisation.

2. The difference between sex and gender

Many people believe the terms 'sex' and 'gender' to be interchangeable, but social scientists view them as conceptually distinct.

SEX:
PHYSICAL DIFFERENCES BETWEEN MALES AND FEMALES

GENDER:
SOCIAL OR CULTURAL DISTINCTIONS ASSOCIATED WITH BEING MALE OR FEMALE

GENDER IDENTITY:
THE EXTENT TO WHICH ONE IDENTIFIES ONESELF AS BEING EITHER MASCULINE OR FEMININE

In the majority of cases, a person's sex (biologically determined) will correspond with his or her gender, but this is not always the case. A person may be born a particular sex (male or female) and be identified as such, but as they grow, they may identify themselves with a different gender. The characteristics of sex, being physical or biological, will not vary between different human societies, but characteristics of gender can vary significantly between different cultures. For example, in the majority of Western cultures, it is considered feminine to wear a dress, but in many Middle Eastern cultures, dresses or skirts (sarongs, robes or gowns) are considered masculine.

3. Gender roles

As children grow, they learn how to behave from the people around them. In this socialisation process, children are usually given roles that are typically linked to their biological sex. Thus, the term 'gender role' refers to the way in which a particular society expects men and women to behave. These roles are based on norms created by the particular society.



www.nytimes.com/2018/06/01/well/family/metoo-sons-sexual-harassment-parenting-boys.html

EXAMPLES OF GENDER NORMS

- "Young men who have sex with many women are considered more manly."
- "Real men don't use condoms."
- "Real men can handle their alcohol."
- "Men have to have sex."
- "Preventing pregnancy is the woman's problem, not the man's."
- "Women who talk about sex are sluts."
- "Sometimes it is necessary for a man to hit his girlfriend."
- "Women who wear short skirts like attention from men."
- "If he does not hit me, he does not love me."

So, in some societies, men are associated with strength, aggression and dominance, while women are considered to be nurturing, gentle and passive. Learning a gender role begins from birth and is reinforced through play. Children learn a lot about gender roles through play. Parents will typically buy trucks, toy guns and Mechano or Lego for boys, which are active toys that promote problem-solving, motor skills and aggression, while girls are supplied with dolls, soft toys and dress-up clothing, which tend to foster nurturing and role play. These gender roles will be perpetuated into adulthood, with men becoming involved in engineering, law enforcement, the military and politics, while women turn to care-related occupations like healthcare and social work.

4. Gender identity

Gender identity refers to an individual's self-conception of being male or female, based on the person's own association with masculine or feminine roles. Modern society does allow for some flexibility when acting out gender roles. For instance, it is becoming more acceptable for fathers to stay home and rear children while mothers go out to work. Individuals who identify with the role that is the opposite of their biological sex are referred to as transgendered. For example, a biological male may have such a strong emotional and psychological connection to the feminine aspects of society that they identify their gender as female. When transgendered individuals change their body with surgery or hormone therapy in order to align their sex with their gender, they are called transsexuals.





SUMMARY OF TERMINOLOGY

- **GENDER SOCIALISATION:** This is a process by which individuals develop, refine and learn to 'do' gender through internalising gender norms and roles as they interact with family, social networks and other social institutions.
- **GENDER TRANSFORMATIVE:** This term refers to approaches to:
  - examining, questioning and trying to change rigid gender norms and imbalances of power as a means of reaching health as well as gender-equity objectives;
  - encouraging critical awareness among men and women of gender roles and norms;
  - promoting the position of women;
  - challenging the distribution of resources and allocation of duties between men and women, and/or addressing the power relationships between women and others in the community, such as service providers or traditional leaders.

  (Rottach, Schuler and Hardee 2009)
- **GENDER:** This term refers to the socially constructed roles, behaviours, attributes and activities that a given society considers appropriate for men and women – whereas 'sex' refers to the biological and physiological characteristics of males and females.
- **GENDER BELIEFS:** These are universal gender-related stereotypes that serve to exaggerate the differences between men and women.
- **GENDER IDENTITY:** This refers to people's own sense of themselves as being male, female or transgender.
- **GENDER NORMS:** These are sets of rules on what is appropriately masculine and feminine behaviour in a given culture.
- **GENDER ROLES:** These are expected roles that are associated with each sex group. Through gender socialisation, children and adolescents learn to associate activities and behaviours with specific genders and to adopt appropriate gender roles.

5. Stereotypes

Humans have an innate cognitive capacity to divide people into groups (Bem 1993). These divisions can be based on race, age or religion, but are most commonly based on gender. This process of categorising others in terms of gender is both habitual and automatic. When we divide the world into two groups, namely male and female, we believe that all females are similar and all males are similar, and that the two groups are very different from each other. In reality, however, the characteristics of men and women tend to overlap.

Stereotypes arise from a combination of society's customs, myths, ideas, religions and sciences (Crespi 2003). From this knowledge, individuals develop a stereotype or a belief about a certain group, and this will then have an effect on their social behaviour. Stereotypes are influenced by information received from sources such as parents, peers, teachers, political and social leaders and the mass media (Macrae et al. 1996). Stereotyping refers to the way in which we perceive each other, particularly people outside of our group. Gender stereotyping relates to the different expectations we have for male and female behaviour, and is sustained by the traditional gender roles. For instance, the phrase "boys will be boys" is used to explain away behaviour like pushing or shoving or being aggressive, and implies that this kind of behaviour is part of being a boy. Traditionally, men are supposed to earn a living to support their family, and are required to be aggressive and in charge. Women belong at home cooking, cleaning and caring for children, and are to be submissive and weak (Hetherington and Parke 1999).

Examples of gender stereotyping would include the fact that men are considered to be adventurous, assertive, aggressive, independent and task-oriented, while women are believed to be more sensitive, gentle, dependent, emotional and people-oriented. This also gives rise to the stereotypes of men being dominant and superior and women needing to be protected (Crespi 2003).

6. Gender socialisation

Socialisation is the process of learning to behave in a manner that is acceptable to society, and involves respecting one's environment, laws, norms and customs. Gender socialisation refers to the way children of different sexes are socialised into their gender roles and taught what it means to be male or female. Gender socialisation begins at birth, and individuals learn about their gender roles from their families, peer groups, schools and the media (Crespi 2003).

Children learn at a very young age that there are distinct expectations for boys and girls, and research has shown that children are aware of gender roles by the age of 2 or 3. As mentioned, gender socialisation takes place through four major influences: family, education, peer groups and mass media. Each of these influences creates and maintains certain norms which in turn reinforce the gender roles. There are also secondary influences that play a role in gender socialisation, such as religion and the workplace.

PARENTS ARE THE PRIMARY INFLUENCE ON GENDER ROLE DEVELOPMENT IN THE EARLY YEARS OF AN INDIVIDUAL'S LIFE.

Parents teach stereotypes in different ways through different behaviours, namely the way they dress their children and decorate their room, the toys they buy for them and the way they behave towards them. Families adopt particular lifestyles, and this will influence a child's gender stereotypes (mom does the cooking and dad mows the lawn). Research has shown that parents socialise their boys and girls differently. Girls are given more freedom to step out of their prescribed gender roles ("tomboys") while boys are given greater privileges. Boys are given greater independence at an earlier age and have fewer restrictions on things like appropriate clothing and rules relating to dating. In addition, sons are often given fewer domestic duties, like cooking and cleaning, as these are considered to be feminine. Girls, on the other hand, are required to perform many of the domestic responsibilities. And even where parents try to implement gender equality, this may be done in a way that reinforces gender roles. For instance, although boys may also be required to perform household chores, they may be asked to take out the rubbish while the girls are asked to fold and iron the laundry.

The reinforcement of gender roles and stereotypes continues once a child enters formal schooling. Up until fairly recently, subject matter was used to separate boys and girls. For instance, girls were taught sewing and home economics, while boys were encouraged to take science and maths. Although this is no longer explicit, it is still very rare for a boy to choose to do sewing or home economics as school subjects. Research has shown that gender socialisation still occurs in schools today, although not as blatantly, and teachers may not even be aware of it.

Imitating the actions of significant others is the first step in the development of a separate sense of self, thus children will ape the gender norms and roles around them. If children do not comply with those gender norms, they may face negative reactions such as being teased or even marginalised by their peers. Boys, in particular, are ridiculed for not conforming to gender norms.

Mass media are the other significant agent of gender socialisation. Women are portrayed as wives or mothers and often as one of two extremes, i.e. the wholesome mother or the highly sexualised trophy.

Television commercials and advertising reinforce inequality and gender-based stereotypes: women are present in cleaning advertisements while men are used in roles involving leadership or management. The extreme version of this is the way women are presented in music videos.

7. Gender socialisation and equality

Before Independence, Namibia was a deeply patriarchal society in which the man was considered to be the head of the household while his wife was subordinate to him and was regarded as his property (Burton et al. 2011). More recently, with the advent of the Constitution, Namibia has made considerable headway towards realising gender equality and women's rights. However, although legal mechanisms to ensure gender equality have been implemented, the conservative nature of the majority of the Namibian population has resulted in progress being very slow (Burton et al. 2011).

IN VARIOUS NAMIBIAN CULTURES, THE DUTIES AND RESPONSIBILITIES IN THE HOUSEHOLD ARE DIVIDED ACCORDING TO GENDER, AND ARE BASED ON TRADITIONAL STEREOTYPES OF MALE AND FEMALE ROLES.

Decision-making in the household lies with the male, who has control over the resources as well. The female is consulted for suggestions and advice, and her contribution to decision-making is recognised only with respect to the children. In Oshiwambo-speaking communities, a man is expected to look after the livestock, build huts and barns, dig wells and plough the fields. A woman must cook, plough and weed the crops, harvest crops and make flour, care for the family, collect water and make clay pots. The man is responsible for all household decisions (Ambunda and De Klerk 2008).

The results of research conducted by Burton et al. (2011) on gender roles in Namibia showed that there were gender stereotypes amongst the respondents, which reflected the broader cultural beliefs:

FINDINGS OF THE STUDY

- 18,4% THOUGHT IT WAS MORE IMPORTANT FOR BOYS THAN FOR GIRLS TO DO WELL AT SCHOOL
- 36,8% AGREED THAT THE FATHER SHOULD HAVE GREATER AUTHORITY IN MAKING FAMILY DECISIONS
- 43,2% DID NOT THINK THAT GIRLS ARE AS SMART AS BOYS
- 32,5% DID NOT THINK THAT GIRLS SHOULD BE GIVEN THE SAME FREEDOM AS BOYS

These perceptions will have an impact on gender socialisation. For example, since boys are considered to be smarter than girls, parents will be more likely to allow the male child to access education when they are not in a position to send all of their children to school. Girls are also more likely to be expected to work from an early age and to care for younger siblings, which will have an impact on their accessing education as well as their ability to take part in it effectively. And even where girls are able to access education, the beliefs and attitudes of teachers about gender roles will have a profound impact. Teachers are socialised within the same society and may perpetuate these myths by, for instance, spending more time interacting with male participants, which contributes to girls learning to become passive and disengaged. The fact that society places a low value on the education of girls causes girls to internalise this view, and consequently they often fail to complete their schooling (Burton et al. 2011).

8. The link between gender socialisation and sexual violence

The question to be addressed next is whether there is a link between gender socialisation and violence. The preceding section conveyed that the different roles and behaviours of males and females are shaped and reinforced by gender norms within society. Differences in gender roles and behaviours often create inequalities, whereby one gender becomes empowered to the disadvantage of the other (WHO 2009). In many societies, women are viewed as subordinate to men and have a lower social status. This results in men having control over women and having greater decision-making power. This in turn has a wide-ranging impact on the society at large, and can contribute to inequalities in health, employment and education. Gender inequalities also increase the risk of violence by men against women (WHO 2009). For instance, the traditional belief that men have a right to control women makes females vulnerable to physical, emotional and sexual violence by men. It also makes it difficult for those who have been abused to leave the abusive environment. Violence against women can take many forms, and includes, for example, violence within the family and the work environment, trafficking, child marriages and rape by soldiers. This violence in turn has health consequences, which can range from pregnancy and HIV to mental health issues such as depression and even suicide (WHO 2009).

However, linking gender socialisation to sexual violence is complex, because it involves identifying the underlying causes of violence against women. In order to explain this, a number of theories have been developed. It is not necessary here to explore these theories, but generally they argue that patriarchy and men's power and oppression of women are underlying causes of violence against women, although they are triggered by other factors, like social roles, attitudes and cultural factors (Wall 2014).

IT IS GENDERED INEQUITIES IN SOCIAL ROLES THAT APPEAR TO ENABLE SEXUAL AND PHYSICAL VIOLENCE AGAINST WOMEN.

A key finding of multi-country studies conducted by Jewkes was the frequency of 'a sense of sexual entitlement' being the reason given by men for having raped a non-partner woman. Men's motivations to rape included "fun" (rape as entertainment), entitlement and punishment. The notion that rape is associated with the exercise of power is not new, but findings that rapists exhibit certain behaviours, such as having a higher number of sexual partners, having sex with sex workers and using physical violence against a partner, appear to be linked to a conceptualisation of masculinity that emphasises the use of power over women (Wall 2014).

Another closely related factor is society's attitudes towards violence against women. If violence against women is condoned, then this is an important indicator of widespread acceptance of violence against women by society. These attitudes can also have an impact on willingness to report the violence. Studies have found that attitudes to violence against women "are inextricably grounded in and intertwined with attitudes towards women, gender and sexuality" (Wall 2014).

It is clear from the above that a number of interacting factors play a role in the perpetration of violence against women, but at the core are society's attitudes towards violence against women, and gender norms that result in gender inequality.

TO REDUCE VIOLENCE AGAINST WOMEN, IT IS IMPORTANT THAT AN UNDERSTANDING OF GENDER AND ITS RELATIONSHIP TO STATUS INFORMS EDUCATION AND PROGRAMMING TO ENSURE RESPECT FOR DIFFERENCES BETWEEN SOCIAL GROUPS.

Gender norms need to be changed to accommodate a masculinity that does not promote violence and which incorporates attitudes of mutual respect between the genders (Wall 2014).

9. Namibian context

Burton et al. (2011) argue that the gender norms entrenched in Namibian society (discussed earlier) are learned by children in their homes and are then reinforced in the community and at school. However, these beliefs become dangerous if they are later used as a basis for perpetuating violence against women. Gender-based violence stems from cultural beliefs and practices, and rates of violence against women are higher in cultures where masculinity is defined by dominance, aggression and entitlement to power, where there are rigid gender roles and where violence is condoned to settle disputes.

Gender-based violence is an umbrella term used to describe a wide range of abuses including physical, sexual and psychological violence, sexual abuse of children, rape, sexual harassment and assault, and is also extended to include trafficking and female genital mutilation.

Although gender socialisation plays a vital role in gender-based violence, it is not the only cause. Gender-based violence is also influenced by poverty, alcohol abuse and cultural beliefs. Unfortunately, the impact of gender-based violence also has far-reaching implications for children within those families. According to proceedings from the National Conference on Gender-based Violence in Namibia, children from these families are more likely to become involved in substance abuse, and more likely to become emotionally withdrawn. Namibia has done much to address gender-based violence, including national media awareness campaigns and the enactment of legislation for the advancement and equality of women.

LEGISLATIVE ENACTMENTS INCLUDE:

- MARRIED PERSONS EQUALITY ACT 1 OF 1996
- COMBATING OF DOMESTIC VIOLENCE ACT 4 OF 2003
- COMBATING OF RAPE ACT 8 OF 2000

10. Gender resocialisation

Resocialisation is a process in which a person is taught new norms, values and practices that foster a transition from one social role to another. Socialisation directs a person's development, whereas resocialisation redirects their development. Resocialisation involves tearing down and rebuilding an individual's role and socially constructed sense of self. It is often a deliberate and intense social process, and it is based on the idea that if something can be learned, it can be unlearned. Gender resocialisation, also known as gender transformation, is the process of addressing unhealthy and inequitable gender norms and transforming them into healthy and equitable ones. For example, boys may be brought up within their communities to believe that conflict must be resolved with violence, so they will use force and aggression to sort out problems. Schools can resocialise boys to see that violence is not the only option, and that there are alternative, healthier ways to resolve conflict, such as dialogue. In addition, schools can provide the boys with alternative coping skills by improving their ability to communicate and showing them how to redirect their anger to healthier outlets like sport.

In order to reduce gender-based violence, it is necessary for resocialisation to take place, and educators are in a prime position to ensure that this becomes entrenched in programmes as well as throughout the school curricula.

In order to achieve gender resocialisation, three tasks have to be accomplished:

TASKS OF GENDER RESOCIALISATION

- RAISE AWARENESS ABOUT UNHEALTHY GENDER NORMS
- HIGHLIGHT THE IMPACT OF ADHERING TO THESE NORMS
- REPLACE UNHEALTHY, INEQUITABLE GENDER NORMS WITH REDEFINED HEALTHY ONES

(Rolleri 2014)

11. Introducing gender resocialisation in schools

Since schools have access to all children and children spend a good part of their lives at school, schools are strategically placed to ensure that resocialisation is introduced from a very young age. The following are some of the strategies that can be used to incorporate gender resocialisation into curricula, based on the work of Rolleri (2014):

Increase knowledge and raise awareness about the existence of gender norms.

Identify the common gender norms in your own community and raise awareness about these norms amongst boys and girls. This can be done in a number of ways:

- Introduce discussions on gender-related topics in all subjects (economics, history).
- Present the participants with an article in the newspaper, a video clip or advertisement that depicts harmful gender norms, and then discuss this with the participants. Ask the participants to identify how the material makes them feel and what message the material is sending to the public. Let them identify what is wrong with the material and explore ways of addressing this.
- Get the participants to create roleplays to highlight harmful and inequitable gender norms, and then initiate a discussion on the identified gender norms.
- Show the participants examples of different images of boys and girls from advertisements, music or videos, and ask them to identify how boys and girls are portrayed differently and then to evaluate the fairness and accuracy of these depictions.
- Ask the participants to think about a time when they were treated differently to someone of a different sex as a result of gender attitudes. Ask them to discuss how this made them feel.
- The National Safe Schools Framework has some activities that can be used to guide discussions on gender roles.

Increase knowledge about the impact of gender norms on men and women.

Educators must encourage participants to question the reasons for these gender norms existing, and what the effects are of adhering rigidly to these norms. Educators should use critical questioning to enable the participants to challenge whether these norms are true, partially true or false, and should encourage them to use evidence to support their opinions.

Some examples of critical thinking questions:

- Where does the belief that girls ask to be raped come from?
- How does this belief affect the health and wellbeing of women? And men?
- How would life be different if we did not have this belief?
- How fair is this norm to women? And to men?
- How does this norm place women or men at a disadvantage?

Change unhealthy gender norms into healthy ones.

Educators must create opportunities within the learning environment for participants to change harmful inequitable gender norms into healthy equitable ones.

- Get the participants to develop roleplays where men and women present healthy, gender-equal relationships. Educators can then lead discussions afterwards about the positive gender norms.
- Invite peer leaders to talk about how they have challenged gender norms, and how this has made them feel and what effect it has had on their lives.
- Give participants an advertisement that highlights negative gender norms and ask them to change it into positive ones.

Increase the skills needed to behave in a more gender-equitable way.

Even if participants are made aware of the need for more equitable gender norms and are given the necessary knowledge, they may themselves not be able to implement any of this knowledge unless they have the skills to change their patterns of behaviour. For example, if boys are conditioned to deal with conflict using violence, they will be unable to change this unless they are provided with the skills to resolve conflict using non-violent methods.

- Introduce skills that assist in transforming harmful gender norms, like conflict resolution, improved communication skills and the skills necessary to be a good partner in a relationship.

Strengthen models of gender equality in the learning environment.

Educators should model gender equality in their speech and behaviour, since young people learn from what they see and tend to copy role models. Some questions to be considered by educators:

- Do you encourage boys and girls to participate equally in the classroom? Are they given equal opportunity and time to speak and to lead?
- Are boys and girls disciplined in the same way?
- Do you support boys and girls to undertake activities and roles equally or do you unconsciously steer them into traditional roles? For instance, are girls made responsible for cleaning the classroom at the end of the day? Are boys encouraged to do maths and science at a higher level than girls?
- Do the images in your classroom portray gender equitably?
- Be aware of how you use language (manpower, mankind, policeman) and adopt gender-neutral language.
- Ensure that your school has written policies about gender equality, sexual harassment, etc.
- Advocate for professional development opportunities related to gender equality for your school.

Cultivate a culture of empathy.

Empathy is the ability to recognise, understand and respond to the thoughts and feelings of another. Educators should create situations where boys and girls are able to empathise with one another's experience. If participants are better able to understand the experiences of their opposite genders, they will feel a greater motivation to treat each other in gender-equitable ways.

Integrate gender issues into other learning activities.

Although it is necessary to have dedicated sessions on the topic of gender, this should not be seen to be an exercise in isolation. This should be integrated into as many learning activities as possible as this will amplify the learning experience. Lessons in other subjects can highlight gender issues in a meaningful way. For instance, poems and novels in English can be used as a vehicle to discuss gender, while History can be used as a platform to discuss the historical role played by women vs men or the role of women in the Industrial Revolution.

Think about alternating between same-sex and combined-sex groups.

It may sometimes be advantageous to separate the sexes for some discussions, as some of the topics may be sensitive and deemed embarrassing by adolescents. They may therefore feel more comfortable and be more open to talking in same-sex groups. It may also be more appropriate where one particular sex is dominating the discussions. They can then be brought back together again to share.

Complement the curriculum with activities.

Educators should complement the curriculum with activities that can have an impact on other aspects of the participants' environment with respect to gender issues, such as peer groups outside of the school environment and family members. Activities could include:

- homework assignment where participants are required to interview their parents about sex and gender norms;
- getting participants to engage in a school-wide campaign promoting gender-equitable messages; and
- inviting community leaders who reinforce positive, equitable gender norms to come to the school to speak to participants.

12. Evaluation of programmes

For all the above reasons, the promotion of gender equality has for a considerable time been a critical part of violence prevention. It has involved the identification of gender norms that promote gender inequalities and an attempt to redress these inequalities with the ultimate purpose of reducing gender-based violence. Numerous interventions have been introduced, and in 2009 the WHO undertook a review of some of the most promising methods of promoting gender equality and their effectiveness in reducing

sexual violence. Although the review focused specifically on interventions to prevent violence by intimate partners and during dating, it nevertheless provides useful feedback for the development of interventions and programmes.

Interventions aimed at addressing gender norms and equality are well based at schools since they attempt to address gender norms and equality at a young age, before gender stereotyping becomes deeply ingrained. There are a number of initiatives that target the youth with the aims of increasing knowledge of intimate partner violence, challenging gender stereotypes and norms and reducing levels of dating violence. Evaluations of these programmes have shown that they can increase knowledge about dating violence and improve attitudes towards it, and their effectiveness at reducing levels of female abuse has shown to be promising. There are positive results reported for the Safe Dates Programme in the United States and the Youth Relationship Project in Canada (WHO 2009). Both of these programmes can be accessed on the Internet by simply performing a search on Google.

Safe Dates Programme

This is a dating-violence prevention programme that provides male and female middle/high school students with the skills to prevent dating violence by changing dating violence norms and gender stereotyping, and improving conflict-management skills and help-seeking behaviour. The programme includes school (primary prevention) and community (secondary prevention) activities. School activities include a theatre production performed by peers, a 10-session curriculum (45–50 minutes per session) and a poster contest. The school programme has primarily been implemented by regular classroom teachers, but the curriculum could be offered by any organisation equipped to do so. Topics in the curriculum include: defining caring relationships; defining dating abuse; why people abuse; helping friends; overcoming gender stereotypes; equal power through communication; and preventing sexual assault. The programme has shown good results, with 25% less psychological perpetration, 60% less sexual violence perpetration and 60% less violence perpetrated against a current dating partner at a one-month follow-up.

Youth Relationship Project

This project, based in Ontario, Canada, is a community-based intervention to help at-risk 14–16-year-olds develop healthy non-abusive relationships with dating partners by providing education about healthy and abusive relationships, conflict resolution and communication skills and social action activities. A randomised controlled trial showed that the intervention was effective in reducing incidents of physical and emotional abuse over a 16-month period.

Mentors in Violence Prevention

This is another programme offered in the United States that offers 6 or 7 two-hour educational sessions to male and female high school and college students in mixed or single-sex groups. The students learn about different types of abuse, gender stereotypes and society's acceptance of violence against women. Role-playing helps participants to confront sexist attitudes and to actively prevent violence against women. An evaluation of the programme in 10 schools examined the knowledge and attitudes of participants before and after 5 months, and found that knowledge of violence against women significantly increased after the programme. The study also showed that the programme improved the attitude of participants towards violence against women and gave them greater confidence to intervene or speak out against it.

13. Conclusion

The research is clear that gender norms give rise to gender inequalities, which contributes to gender-based violence and increases sexual violence. Therefore, gender resocialisation to address the negative gender norms is essential. Schools have been identified as one of the best places in which to attempt to address these norms before they become deeply ingrained. For this reason, there is a responsibility on schools to offer programmes on gender resocialisation that must be entrenched in the curricula.

THE ROLE OF THE EDUCATOR

- EDUCATORS MUST DEVELOP CURRICULA THAT FOCUS ON GENDER RESOCIALISATION.
- EDUCATORS MUST INTEGRATE GENDER RESOCIALISATION INTO ALL SUBJECTS.
- EDUCATORS MUST INTRODUCE PROGRAMMES AT SCHOOLS THAT ARE AIMED AT GENDER RESOCIALISATION.

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PART 2

THE CHILD



Socio-emotional development 30
Sexual development 35

Socio-emotional development

AIMS

- **To provide information about the social behaviour of children in the context of child development**
- **To highlight the socio-emotional difficulties experienced by adolescents**
- **To show how the socio-emotional development of children is applicable to abused children**

OUTCOMES

- **The participant will have an understanding of the concept and stages of socio-emotional development.**
- **The participant will be aware of the particular difficulties experienced by adolescents.**
- **The participant will be able to understand the child's behaviour in cases of child sexual abuse.**

1. **Introduction**
2. **Erikson's theory of socio-emotional development**
3. **Adolescence**

READING LIST

1. Introduction

Cognitive development refers to the processes of the brain, but this is only one of the aspects relevant to understanding child development. Children do not exist in a vacuum; they grow up in families, in communities, in particular cultures and societies, and these environments exercise an influence over the child's overall development. Therefore, in order to have a holistic understanding of child development, it is also necessary to understand the process of socialisation that children have to pass through.

2. Erikson's theory of socio-emotional development

Since children grow up within a particular environment, it is necessary to understand the process of socialisation so that it becomes easier to interpret and make sense of their behaviour. The process of socialisation will be presented in terms of Erikson's theory of socialisation.

According to Erikson, the socialisation process consists of eight phases, each of which is regarded as a "psychosocial crisis" that arises and demands resolution before the next stage can be satisfactorily negotiated. These stages are conceived in an architectural sense: satisfactory learning and resolution of each crisis is necessary if the child is to manage the next and subsequent stages satisfactorily, just as

the foundation of a building is essential to the first floor, which in turn must be structurally sound to support the second story and so on. The following is a very brief introduction to the eight phases of the socialisation process.

ERICKSON'S STAGES OF SOCIALISATION

1. LEARNING BASIC TRUST VERSUS MISTRUST
2. LEARNING AUTONOMY VERSUS SHAME
3. LEARNING INITIATIVE VERSUS GUILT
4. INDUSTRY VERSUS INFERIORITY
5. LEARNING IDENTITY VERSUS IDENTITY DIFFUSION
6. LEARNING INTIMACY VERSUS ISOLATION
7. LEARNING GENERATIVITY VERSUS SELF-ABSORPTION
8. INTEGRITY VERSUS DESPAIR

Learning basic trust versus basic mistrust (Hope)

This stage takes place in the first and second year of infancy and extends roughly up until about the age of two, although it can extend beyond this. The first thing that a child has to learn is the ability to trust. Children will have to learn that someone will take care of them when they are hungry, cold or sore. Since an infant is incapable of taking care of itself, it is dependent on others and will have to learn to trust that this will in fact happen.

Children, who have been treated well, nurtured and loved, will develop trust, security and a basic optimism. They will know that someone is there to take care of them, which will give them a sense of security and confidence. On the other hand, children who are badly handled are likely to become insecure and mistrustful.

Consequently, when working with very young children, trust is the first important issue that has to be dealt with, since children are instinctively distrustful of strangers. This means that a lot of time will have to be spent on rapport-building when working with young children, as they will not become involved in activities until they have built some form of trust.

Learning autonomy versus shame (Will)

The second stage of socio-emotional development occurs roughly between 18-24 months and 3½-4 years, and is closely linked to the age at which children start to move around on their own. The important change that occurs here is that children are now mobile. They have started walking, which gives them a greater sense of independence and a need to explore their environment. Greater independence will bring the child into conflict with the boundaries and rules laid down by the parents, which will result in stormy self-will, tantrums, stubbornness and negativism. This conflict between freedom and discipline is essential for the development of a moral conscience.

These characteristics are evident in all young children of this age ("the terrible twos"), where children refuse to do what they are told and throw themselves down on the ground to prove a point. The use of "no" as a response is typical at this stage. However, once a child has been provided with clear, consistent boundaries, that child will feel safe and secure, so children emerging successfully from this stage will be sure of themselves, confident and elated with their new-found control, and proud of it. On the other hand, a child who is given no boundaries or inconsistent boundaries will feel insecure, and this will contribute to a lack of self-confidence.

Learning initiative versus guilt (Purpose)

This stage starts at approximately 3½ years of age and continues until the child enters formal schooling. The child is now coming into contact with other children and beginning to socialise. This brings the child into contact with social rules, i.e. you must not hurt one another, you must share, etc. In addition, the child is learning to acquire certain basic skills, like being able to tie shoelaces or eat with a fork. This is also the stage at which children are identifying their gender roles, i.e. boys want to be like daddy and girls want to be like mommy.

For the healthy developing child, this stage involves learning to use imagination to broaden skills through all kinds of active play, including fantasy. It involves co-operating with others and learning to lead as well as follow. On the other hand, where the child is immobilised by guilt, the child will be fearful; will hang on the fringes of others; will depend unduly on adults; and will be restricted in the development of both play skills and imagination.

Industry versus inferiority (Competence)

This stage tends to begin when children enter formal schooling at about 6 years of age, and lasts until approximately the age of 12, thus spanning the period of primary school. In this stage the child learns to master the more formal skills of life. At school, children are being taught to read and write and do mathematics, and are introduced to biology and history. In terms of socialisation, children in this stage are learning to relate to their peers according to rules, progressing from free play to play that may be elaborately structured by rules and may demand formal teamwork.

The child who has mastered the previous stages will learn easily enough to be industrious, which in turn will contribute to a sense of confidence. The mistrusting child will doubt the future. The shame- and guilt-filled child will experience defeat and inferiority.

Learning identity versus identity diffusion (Fidelity)

This stage, which ranges from approximately 13 to 20 years of age, revolves around self-discovery. The adolescent is trying to answer questions like, "Who am I?", "Where do I belong?" and "What will I become?" Even the best-adjusted adolescents experience some role identity diffusion as they grapple with these questions.

This stage is also one of independence – adolescents try to become more independent of their families – and a period when rebellion flourishes and self-doubts flood, hence most boys and probably most girls experiment with minor delinquency. This is a period when adolescents experiment and try to find a role most suitable for themselves.

In their attempt to become independent and move away from parents, adolescents seek leadership, somebody who can inspire them, and they gradually develop a set of ideals which are socially congruent and desirable.

In finding a role that is suitable for themselves, children in this stage have to answer the following questions:

- Who am I? (What are my own characteristics?)
- To which group do I belong? (What is my social identity?)
- What do I wish to achieve? (What are my own values and ideals?)

The internal cause of this crisis lies in the physical and psychological changes that begin with puberty (change in physique, and intensification of drives and reproductive ability).

Learning intimacy versus isolation (Love)

This stage coincides with the previous stage and stretches between 12/13 years and 20/21 years, and will culminate in the capacity to experience true intimacy, which forms the cornerstone of genuine and enduring friendship. The development task in this stage is to acquire a feeling of intimacy and overcome a feeling of isolation. Intimacy, in this context, means having a close relationship with another individual, whether in terms of friendship or a marriage relationship.

The adolescent who achieves this stage successfully will experience true intimacy, while the one who does not will experience isolation and a need to protect themselves against intimate contact and to think only of themselves. A balanced synthesis of this stage forms the basis for a good marriage or genuine and enduring friendship.

Learning generativity versus self-absorption (Care)

This stage covers most of adulthood and involves generativity in the sense of marriage and parenthood, and also in the sense of working productively and creatively. This is the period in which one gets married, has a family and works at one's career. Generativity is a wide concept which includes productivity, creativity and passing on of culture. People who acquire generativity and care concern themselves with enriching their own and other people's lives.

Integrity versus despair (Wisdom)

If the previous stages have been successfully resolved, the mature adult will reach the peak of adjustment, and have a sense of integrity. They will trust, be independent, work hard and have developed a self-concept with which they are happy. If one or more of the previous stages have not been resolved, the adult may view themselves with disgust, despair or a sense of being unfulfilled.

3. Adolescence

Adolescence is the developmental stage between childhood and adulthood. The age at which it begins varies from 11-13, and it ends between the ages of 17 and 21. Generally speaking, adolescence begins at puberty when sexual maturation begins.

The traditional perception used to be that adolescent years are characterised by convulsive instability and disturbing inner turmoil, which was attributed to the erratic physical changes experienced by adolescents and the resultant confusion about self-image. Although statistics on adolescent suicide supports the idea that this is a difficult period, suicides tend to involve more attempted suicides than completed suicides, which are more of a communicative gesture designed to elicit caring. The weight of evidence does not support the idea that adolescence is usually a period of turmoil and turbulence. Research suggests that most teenagers navigate through adolescence without any more turmoil than in other periods of life. If conflict, hostility or confusion does occur during adolescence, it is usually associated with social circumstances within in the family. So, an adolescent who does not receive much love, understanding and support will probably experience storm and stress.

Despite this, adolescence is a challenging period and adolescents have to navigate two of Erikson's stages of socialisation. These stages focus on the establishment of identity and go to the core of who the adolescent is. The other stage of socialisation that occurs in this period relates to intimacy. Intimacy in this context is used in a broad sense, and is not confined to sexual intimacy. It includes being close to others, caring, sharing and loving. Erikson defines intimacy as the capacity to commit oneself to concrete partnerships and affiliations, and to develop the ethical strength to abide by such commitments.

In order to grow towards adulthood, adolescents have to accomplish numerous developmental tasks in order to function optimally in adulthood.

DEVELOPMENTAL TASKS OF ADOLESCENTS

- ACCEPTANCE OF CHANGED PHYSICAL APPEARANCE
- DEVELOPMENT OF MASCULINE/FEMININE GENDER-ROLE IDENTITY
- DEVELOPMENT OF COGNITIVE SKILLS AND ACQUISITION OF KNOWLEDGE
- DEVELOPMENT OF OWN IDENTITY
- DEVELOPMENT OF INDEPENDENCE
- SELECTION AND PREPARATION FOR A CAREER
- DEVELOPMENT OF SOCIALLY RESPONSIBLE BEHAVIOUR
- ACCEPTANCE AND ADJUSTMENTS TO CERTAIN GROUPS
- ESTABLISHMENT OF HETEROSEXUAL RELATIONSHIPS
- DEVELOPMENT OF STRONG EMOTIONAL BOND WITH ANOTHER
- PREPARATION FOR MARRIAGE AND FAMILY RESPONSIBILITIES
- ACHIEVEMENT OF FINANCIAL INDEPENDENCE
- DEVELOPMENT OF MORAL CONCEPTS AND VALUES

THE ROLE OF THE EDUCATOR

- EDUCATORS SHOULD UNDERSTAND THE NORMS OF SOCIO-EMOTIONAL DEVELOPMENT IN ORDER TO IDENTIFY CHILDREN AT RISK.
- EDUCATORS SHOULD USE THE KNOWLEDGE OF SOCIO-EMOTIONAL DEVELOPMENT TO DEVELOP PREVENTION PROGRAMMES THAT ARE APPROPRIATE FOR THE DIFFERENT AGE GROUPS.
- INFORMATION ON COURT PROCESSES SHOULD BE INCLUDED IN CURRICULA TO EMPOWER CHILDREN WITH KNOWLEDGE.

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Sexual development

AIMS

- **To provide information on the stages of sexual development in children**
- **To distinguish between sexual behaviours that are normal and those which indicate concern**

OUTCOMES

- **The participant will have a better understanding of the manner in which children develop sexually.**
- **The participant will be able to identify behaviours that indicate areas of concern.**

1. **Stages of sexual development**
2. **What is normal sexual behaviour?**
3. **Body safety education**
4. **Sexual development of children with disabilities**

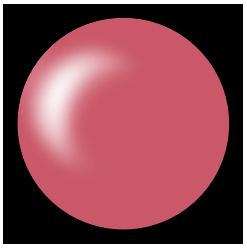
READING LIST

1. Stages of sexual development

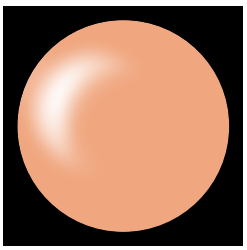
Child sexual development is divided into the following stages:

- **PRENATAL**
- **INFANCY** (birth to 2 years)
- **EARLY CHILDHOOD** (3 to 5 years)
- **LATE CHILDHOOD** (6 to 10 years)
- **EARLY ADOLESCENCE** (11 to 13 years)
- **MIDDLE ADOLESCENCE** (15 to 17 years)
- **LATE ADOLESCENCE** (18 to 19 years)

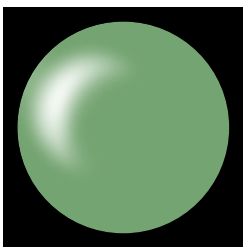
As in most development, these stages are not clearly defined in terms of precise ages, and there are individual differences within the stages.



ALWAYS A CONCERN: Sexual behaviours that are problematic or harmful, forceful, secretive, compulsive, coercive or degrading ***require immediate protection and follow-up.***



MAY BE A CONCERN: Sexual behaviours that are outside normal behaviour in terms of persistence, frequency or inequality (in age, power, or ability) ***require monitoring and extra support.***



NOT A CONCERN Sexual behaviours that are normal, age appropriate, spontaneous, curious, mutual, light-hearted and easily diverted ***are opportunities to talk, explain and support.***

Prenatal stage

Prenatal sexology is mostly concerned with physical development. Although genetic sex is determined at fertilisation, the difference in genital shape only begins at about the 5th week, with the first semen produced in boys at about the 8th week, and girls' ovaries beginning to develop by the 8th week (Saleh 2014: 47).

> NEUROLOGICAL AND GENITAL CAPACITY FOR SEXUAL AROUSAL TO ORGASM EXISTS IN CHILDREN FROM BIRTH.

Ultrasound scans show male foetuses touching their penises, erections are common, and masturbation has been observed with orgasm in a female foetus (Saleh 2014: 47).

Infancy (birth to 2)

Sexual arousal has been evidenced in both male and female infants at birth – male infants have erections and female infants display vaginal lubrication. Infants and toddlers explore their genitals whenever they get an opportunity, after which they will learn the names assigned to these body parts. There is sufficient evidence that children experience orgasms as a result of masturbation, and this has been documented as early as Freud.

> THE ABILITY TO EXPERIENCE SEXUAL AROUSAL IS PRESENT ONLY AT THE PHYSIOLOGICAL-REFLEXIVE LEVEL, BECAUSE INFANTS AND YOUNG CHILDREN DO NOT HAVE THE ABILITY TO CONCENTRATE, NOR DO THEY HAVE THE NECESSARY FANTASY CONTENT.

Early childhood (3 to 5 years)

Children tend to exhibit a variety of sexual behaviours at this stage, ranging from kissing and cuddling to investigating the genital organs of others or touching their own. Masturbation, sometimes to orgasm, is relatively common in this period. Sex play with siblings and peers is common at this stage, but here children rarely see their genitals in terms of sexual functions. Genitals are for "weeing or pooing".

> BY THE END OF THIS STAGE, MOST CHILDREN ARE ABLE TO DETECT GENITAL DIFFERENCES AND HAVE NAMES FOR GENITAL BODY PARTS.

At the beginning of this stage, children are able to identify their own biological sex correctly as well as that of others, basing this identification on clothing, hairstyles and external appearance. By the end of this stage, they will identify biological sex on the basis of genital differences (Saleh 2014: 49).

Later childhood (6 to 9 years)

Gender is now determined by genital organs. As they progress through this period, children become more and more aware of reproduction, masturbation and the mechanics of sexual intercourse. Peers begin to play an increasing role in the dissemination of information about sex. Although fantasy begins

to be included in the masturbation process, sexual behaviour becomes more secretive as modesty, embarrassment or even punishment increases (Saleh 2014: 50).

Early adolescence (10 to 13 years)

This is the period that begins with puberty and ends in anatomical sexual maturity. Female breast development begins on average at the age of 10 while boys begin puberty on average at 11 years. Girls begin to menstruate by 12 or 13 and boys ejaculate by 15. Individual children vary in age and this is considered to be perfectly normal. For instance, some girls only start to menstruate at 16 (Saleh 2014: 51).

EARLY ADOLESCENCE

- UNDERSTAND WHAT SEXUAL INTERCOURSE IS
- MAY NOT HAVE EXPERIENCED SEX
- SEXUAL FANTASY MORE IMPORTANT
- MASTURBATION MAIN OUTLET
- SIGNIFICANT NUMBER DO ENGAGE IN SEX FROM 12

Middle adolescence (14 to 17 years)

There are a number of factors that influence the onset of some sexual behaviours in this age group, included amongst which are pubertal milestones and the behaviour of close friends. The norm is for sexual intercourse to begin by the end of middle adolescence, although a significant percentage of these are experiences that are not consensual. Most sexual behaviours that adults participate in are found in this age group, including anal sex, although not at the same rate as adults. Same-sex contact is also frequent, although a significant number of adolescents are still uncertain about their sexual orientation. Adolescents become aware of their sexual gender orientation before puberty and this usual precedes sexual behaviour with partners (Saleh 2014: 52–53).

Late adolescence (18 to 21 years)

By late adolescence, humans are involved in a large variety of sexual behaviours on a fairly regular basis with increasing incidence. Masturbation is common as is oral sex (63% of men and 60% of females). Late adolescence is also the age where females experience the highest frequency of anal penetration, with almost a quarter having experienced it within the previous year of the survey (Saleh 2014: 53).

2. What is normal sexual behaviour?

Sexual behaviour has been categorised below into what is considered to be normal, less normal and red flag behaviour. Note, however, that each and every behaviour must be seen within the context in which it occurs. This means it must be evaluated in terms of the age of the child and the circumstances. For instance, it may be appropriate for a two-year-old to masturbate in public, but this would not be appropriate for a twelve-year-old.

Normal sexual behaviour

Although these behaviours are characterised as normal, because they are natural and expected, it does not necessarily mean that one would want them to continue. However, they do provide an opportunity to talk, teach and explain what is appropriate. The following is a list of sexual behaviours that would,

in the correct context and developmental stage, be considered normal and appropriate. The key factor here is that these behaviours are few, transient and distractible, and not of a compulsive nature.

- TOUCHING AND HOLDING OWN GENITALS
- MASTURBATING GENITALS IN PUBLIC OR PRIVATE, USUALLY WITH AWARENESS OF PRIVACY AS CHILD GETS OLDER
- LOOKING AT OR TOUCHING PEER OR NEW SIBLING'S GENITALS
- SHOWING GENITALS TO PEERS
- TELLING STORIES OR ASKING QUESTIONS USING SWEAR WORDS OR NAMES FOR PRIVATE PARTS
- STANDING OR SITTING TOO CLOSE TO SOMEONE
- TRYING TO SEE PEERS OR ADULTS NAKED
- CURIOSITY ABOUT SEXUALITY, I.E. QUESTIONS ABOUT BABIES, GENDER RELATIONSHIPS AND SEXUAL ACTIVITY
- INCREASED SENSE OF PRIVACY ABOUT THEIR BODIES
- USE OF MOBILE PHONES AND INTERNET IN RELATIONSHIPS WITH KNOWN PEERS
- BEHAVIOURS ARE FEW, TRANSIENT AND DISTRACTIBLE

Less common normal behaviour

The following behaviours are less common in normal sexual development, but should again be seen within the context and situation of each child. For instance, a young child, who has perhaps seen parents kissing and using their tongues, may mimic this behaviour, but it is also possible that an older child or person has kissed the child in this way. Again, the behaviours must be seen within the context of age. For example, a young child may try to touch an adult or peer's genitals purely out of interest and this would be developmentally appropriate. However, this would not be appropriate where the child is 9 or 10.

- RUBBING BODY AGAINST OTHERS
- TRYING TO INSERT TONGUE IN MOUTH WHILE KISSING
- TOUCHING PEER/ADULT GENITALS
- CRUDE MOVEMENTS ASSOCIATED WITH SEXUAL ACTS
- SEXUAL BEHAVIOURS THAT ARE OCCASIONALLY DISRUPTIVE TO OTHERS
- PERSISTENT QUESTIONS ABOUT SEXUALITY DESPITE THESE HAVING BEEN ANSWERED
- BEHAVIOURS ARE TRANSIENT AND MODERATELY DISTRACTIBLE

Uncommon behaviours in normal children

These behaviours can be of concern, and have the potential to be outside safe and healthy behaviours if they persist. They require a response from a protective adult, extra support and close monitoring. These behaviours tend to be persistent and resistant to parental distraction.

As above, these behaviours must be seen within the context and developmental age of the child. For instance, touching the genitals of an animal would be appropriate where a very young child notices them and asks what they are. However, if the child is masturbating the animal, or if the child is 10 and is playing with the genitals of an animal, then there is clearly a need for concern. Persistent nudity is developmentally appropriate for young children, but not for teenagers. So each of these factors must be examined within the specific context.

- ASKING PEER/ADULT TO ENGAGE IN SPECIFIC SEX ACT
- INSERTING OBJECTS INTO GENITALS
- EXPLICIT IMITATION OF SEXUAL INTERCOURSE
- TOUCHING THE GENITALS OF ANIMALS
- EXPLICIT TALK, ART OR PLAY OF SEXUAL NATURE
- PERSISTENT NUDITY AND/OR EXPOSING PRIVATE PARTS
- PULLING OTHER CHILDREN'S PANTS DOWN OR SKIRTS UP AGAINST THEIR WILL
- SEXUAL BEHAVIOURS THAT ARE FREQUENTLY DISRUPTIVE TO OTHERS
- SELF-MASTURBATION IN PREFERENCE TO OTHER ACTIVITIES, WHETHER PRIVATE OR PUBLIC OR WITH PEERS, AND/OR CAUSING SELF-INJURY
- PERSISTENTLY WATCHING OR FOLLOWING OTHERS TO LOOK AT OR TOUCH
- PERSISTENTLY MIMICKING SEXUAL FLIRTING BEHAVIOUR TOO ADVANCED FOR AGE, EITHER WITH OTHER CHILDREN OR ADULTS
- SECRET USE OF MOBILE PHONE AND INTERNET WITH KNOWN AND UNKNOWN PEOPLE, WHICH MAY INCLUDE GIVING OUT IDENTIFYING DETAILS
- BEHAVIOURS ARE PERSISTENT AND RESISTANT TO PARENTAL DISTRACTION

Behaviours that are rarely normal

The following behaviours are rarely found in normal sexual development, and they require intervention. They are behaviours that are persistent and the child tends to become angry if distracted.

BEHAVIOURS THAT ARE RARELY NORMAL

- ANY SEXUAL BEHAVIOUR INVOLVING CHILDREN WHO ARE 4 OR MORE YEARS APART
- A VARIETY OF SEXUAL BEHAVIOURS DISPLAYED ON A DAILY BASIS
- SEXUAL BEHAVIOURS THAT RESULT IN EMOTIONAL DISTRESS OR PHYSICAL PAIN
- SEXUAL BEHAVIOURS ASSOCIATED WITH OTHER PHYSICALLY AGGRESSIVE BEHAVIOUR
- SEXUAL BEHAVIOUR THAT INVOLVES COERCION
- BEHAVIOURS ARE PERSISTENT AND CHILD BECOMES ANGRY IF DISTRACTED

Red-flag behaviours

These are behaviours which are outside healthy and safe behaviours. They signal a need for immediate protection and support from a professional. Sexual behaviour is problematic when it includes:

- any act that occurs frequently and cannot be redirected;
- compulsive masturbation to the point of self-harm or seeking an audience;
- any act that causes emotional or physical pain or injury to the child or to others;
- any act associated with physical aggression;
- any act involving coercion or force;
- disclosure of sexual abuse;
- persistent bullying involving sexual aggression;
- accessing the rooms of sleeping children to touch or engage in sexual activity;
- the presence of a sexually transmitted disease;
- any sexual activity with animals;
- simulating adult sexual acts or participating in sexual acts, including sexual behaviour with younger or less-able children, i.e. oral sex or sexual intercourse; or
- use of mobile phones and Internet for sending or receiving sexual images.

3. Body safety education

Body Safety Education (aka sexual abuse prevention education) aims to empower children with skills and knowledge that will lessen the likelihood of them becoming victims of childhood sexual abuse. Teaching children about body safety should begin between the ages of 3 and 5, and should be entrenched throughout their childhood and adolescence.

- TALK ABOUT BODY PARTS EARLY
- TEACH CHILDREN THAT BODY PARTS ARE PRIVATE
- TEACH CHILDREN BODY BOUNDARIES
- TEACH CHILDREN THAT BODY SECRETS ARE NOT OKAY
- TEACH CHILDREN THAT NO ONE SHOULD TAKE PICTURES OF THEIR PRIVATE PARTS OR SHOW THEM PICTURES OF PRIVATE PARTS
- TEACH CHILDREN HOW TO GET OUT OF UNCOMFORTABLE OR SCARY SITUATIONS
- TEACH CHILDREN A CODE WORD THAT THEY CAN USE IF THEY FEEL UNSAFE OR NEED TO BE FETCHED
- TEACH CHILDREN THAT THEY WILL NEVER BE IN TROUBLE IF THEY TELL YOU A BODY SECRET
- TEACH CHILDREN THAT BODY TOUCHES MAY FEEL GOOD
- TEACH CHILDREN THAT THESE RULES ARE THE SAME EVEN IF THEY KNOW THE OTHER PERSON

Although these rules are not going to work all of the time (unfortunately), knowledge can protect children. It is not sufficient to discuss this only once with children. The topic has to be revisited often, and should be repeated naturally at appropriate times for maximum impact.

In addition to teaching children the rules above, there are a number of behaviours that parents and teachers can introduce to empower children to have greater control over their bodies. For instance, part of body safety is giving a child control over their own body, and this is done by not forcing the child to kiss parents and other family members when the child does not wish to do so. Behaviours that can be introduced include the following:

- DO NOT FORCE AFFECTION
- CREATE AN EMPOWERING ENVIRONMENT
- RULES SHOULD BE CLEAR
- CONTROL MEDIA EXPOSURE
- GO OVER THE INFORMATION OFTEN
- EXPECT QUESTIONS

The kinds of questions that children ask will depend on their age and ability to understand as well as their individual stage of sexual development. The following points are helpful:

- Don't laugh, even if the question is amusing, and do not become angry. Children should not be made to feel ashamed about their curiosity.
- Be brief and simple. Do not give long explanations and keep them developmentally appropriate. For example, a 3-year-old who asks where babies come from should not be offered an explanation of sexual intercourse.

- Find out if you have answered the question. Ask the child if the question has been answered.
- Listen to the child's response and monitor the child's reactions.
- Be ready to repeat the explanations a few times.

4. Sexual development of children with disabilities

Persons with disabilities (CWD) have the same right as those without disabilities to be sexual beings and give expression to their sexuality. The CWD group are neither asexual (the perpetual child) nor oversexed (instinctually driven by heightened sexual needs). Stereotyping of this nature results in the CWD group not being provided with the necessary sexual knowledge, because it is argued that either they have no need for such information (perpetual child) or being exposed to information on sex would kindle sexual interest and/or activity (heightened sexual needs). Similar to persons without disabilities, persons with disabilities have the right to be protected from harm, and consequently also sexual exploitation and abuse.

Sexual development

The sexual maturation (primary and secondary sexual characteristics) of the CWD group generally corresponds with that of typically developing children.

The peer group is an important source of information for all children. For various reasons, the CWD group may not benefit from being exposed to play that is the result of curiosity about gender differences and "sexual" language, or facts about menstruation, masturbation, pregnancy, etc. In fact, during adolescence, the social context of the CWD group of teenagers may be so far removed from their peers without disabilities that information about sexual development depends on parents and caregivers.

In this group, "adolescence" continues until the age of 21. Adolescents in the CWD group require much more support and guidance than their peers without disabilities do to navigate through the landscape of sexual development. For example, the choice of a romantic partner with corresponding abilities and interests provides for safety in the relationship due to equal power distribution in the relationship.

Expectations regarding the gratification of sexual needs vary. Individuals of the CWD group may have no interest in expressing their sexuality with the sexual behaviours commonly practised by their peers without disabilities. However, masturbation seems to be practised quite frequently, and adolescents require information and guidance in this regard.

Sexual education

The CWD group does not need sex education as much as they need sexuality education. According to Walker-Hirsch (2007: 4-5):

> "... the numerical age of onset of physical maturity and puberty for youngsters with intellectual disabilities will be overwhelmingly similar to that for children and youth without intellectual disabilities. The differences in overall maturity between individuals with intellectual disabilities and same-age peers without such disabilities lie in several areas of development beyond just biological maturity, such as social maturity, emotional maturity, educational opportunities for real-life learning. Consequently the social, emotional, experiential, and developmental milestones of a young person with an intellectual disability probably will not coincide with the biological ones [...]. This fact is perhaps the single most important consideration in understanding and successfully implementing sexuality education for students with intellectual disabilities, with social inclusion, sexual safety, and life enjoyment as the primary goals."

Sexuality education is closely linked with the child's moral and social facets of development. Teenagers may be unaware of moral values and norms regarding sexuality and its expression, or they may be unable to recognise deceit and exploitation masked by pseudo friendships. The family of the CWD plays a vital role in assisting them to find ways to fulfil social developmental needs appropriately. Sexuality education counteracts the CWD group's vulnerability with regard to sexual exploitation.

THE ROLE OF THE EDUCATOR

- EDUCATORS MUST EQUIP THEMSELVES WITH KNOWLEDGE OF SEXUAL DEVELOPMENT, SEXUALITY EDUCATION AND BODY SAFETY.
- EDUCATORS MUST DEVELOP AND IMPLEMENT PROGRAMMES ON BODY SAFETY IN SCHOOLS FOR PURPOSES OF PREVENTION AND EMPOWERMENT.
- EDUCATORS MUST BE ABLE TO IDENTIFY WHEN SEXUAL BEHAVIOUR IS NOT NORMAL AND WHEN THERE SHOULD BE AN INTERVENTION.

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PART 3

THE DYNAMICS OF CHILD ABUSE



Child sexual abuse 44
The process of disclosure 49
The impact of sexual abuse 55
Sex offenders who target children 62
Online exploitation of children 70
Child trafficking 81

Child sexual abuse

AIMS

- **To provide the participant with information about the different forms of abuse perpetrated against children, and reasons for abuse occurring**

OUTCOMES

- **The participant will be able to identify different forms of abuse that can be perpetrated against children, and will have knowledge of the different reasons for abuse occurring**

1. **What is child sexual abuse?**
2. **Types of abuse**
3. **Why does abuse occur?**

1. What is child sexual abuse?

Child abuse includes a variety of behaviours, and can be defined as "physical or mental injury, sexual abuse, maltreatment or negligent treatment of a child under the age of 18 years by another person, in circumstances that indicate that the child's health or welfare is harmed or threatened thereby" (Davel 2000). However, definitions of child abuse differ from country to country due to cultural and social perceptions and attitudes, and even across different disciplines. In addition, what constitutes child abuse is largely constrained by legal definitions.

2. Types of abuse

There are four major types of child abuse

- PHYSICAL ABUSE
- SEXUAL ABUSE
- EMOTIONAL ABUSE
- NEGLECT

The last two types are also commonly referred to as psychological abuse. Some academics also define child exploitation as a separate category of abuse.

CHILD EXPLOITATION REFERS TO CIRCUMSTANCES WHERE CHILDREN ARE USED IN WORK OR OTHER ACTIVITIES, SUCH AS TRAFFICKING OR AS CHILD SOLDIERS, FOR THE BENEFIT OF OTHERS.

Physical abuse

Physical abuse is any non-accidental physical injury to a child that leads to temporary or permanent physical damage. It includes:

- beating, whipping, paddling, punching, slapping or hitting;
- pushing, shoving, shaking, kicking or throwing;
- pinching, biting or choking;
- burning with cigarettes, scalding water or other hot objects; and
- parental/school discipline (corporal punishment).

Physical abuse generally impacts on the child's physical, intellectual and social development. Victims of physical abuse experience high levels of depression, attachment problems (trust) and low self-esteem. In addition, studies have found a strong link between growing up in a violent home and the child becoming a violent adult. The child learns to use aggression to solve problems and deal with stress. The longer the period in which physical abuse is inflicted on the victim, the more serious the impact. Chronic physical abuse can result in long-term physical disabilities, including brain damage, hearing loss or eye damage. In more serious cases, where the abuse was more forceful or longer in duration, a child may experience seizures, permanent blindness or deafness, mental and developmental delays or retardation, coma, paralysis and even death.

In addition to physical consequences, a significant number of psychological problems are associated with child physical abuse. These include, but are not limited to, greater problems at home, at school, amongst peers and in the community. Social consequences can include an inability to form friendships with peers, poor social skills, poor cognitive and language skills, distrust of others and over-compliance with authority figures, and a tendency to solve interpersonal problems with aggression. Long-term consequences can impact on both the child's family and the community.

Emotional abuse

Emotional abuse is any attitude, behaviour or failure to act on the part of the caregiver that interferes with a child's mental health or social development. It can include verbal abuse, mental abuse and psychological maltreatment. It can range from a simple verbal insult to an extreme form of punishment, such as, for example, locking a child in a cupboard for an extended period of time.

FORMS OF EMOTIONAL ABUSE

- IGNORING, OR WITHDRAWAL OF ATTENTION OR REJECTION
- LACK OF PHYSICAL AFFECTION SUCH AS HUGS
- LACK OF PRAISE AND POSITIVE REINFORCEMENT
- YELLING AND SCREAMING
- THREATENING OR FRIGHTENING THE CHILD
- NEGATIVE COMPARISON TO OTHERS
- TELLING THE CHILD THAT THEY ARE NO GOOD, WORTHLESS, BAD OR A MISTAKE
- USING DEROGATORY TERMS TO DESCRIBE THE CHILD
- SHAMING OR HUMILIATING
- HABITUAL BLAMING
- EXTREME OR BIZARRE FORMS OF PUNISHMENT (TYING TO A CHAIR, CONFINING IN A CUPBOARD, ETC.)

Emotional abuse is almost always present when another form of abuse is found.

Neglect

Neglect is the failure to provide for a child's basic needs. It is important to acknowledge that many caregivers neglect their children as a result of circumstances, such as poverty, as opposed to intentional neglect.

NEGLECT INCLUDES:
- PHYSICAL NEGLECT
- EDUCATIONAL NEGLECT
- EMOTIONAL NEGLECT

Emotional abuse and neglect (psychological abuse) probably have the most severe, long-lasting and broadest range of negative consequences of any form of child abuse, except for child murder. Psychological abuse is the core component of child abuse. A significant impact of this abuse is a sense of powerlessness and hopelessness. Victims suffer from extremely low self-esteem. Power and control become a necessary strategy for survival, and can become problematic as the child grows up. Victims feel worthless, flawed, unloved, unwanted, endangered or only of value in meeting others' needs. In addition, victims become angry, aggressive, delinquent and/or substance abusers.

Domestic violence

It is also important to acknowledge the impact of domestic violence on the child. Until recently, it was believed that domestic violence has little or no impact on the child because the child is not the direct recipient of the violence. However, new studies show that domestic violence has a significant impact on the child. Generally, male children who are exposed to domestic violence showed empathy and understanding towards others while still a child, but often lost their sense of empathy as they grew up. Children who have witnessed domestic violence show signs of depression, anxiety, behavioural problems and high levels of aggression. They are also at a higher risk of being abused themselves. Domestic violence, therefore, often underlies the vulnerability of children to abuse, whether as the abuser or as the victim, or, in many instances, both. The impact of the child both witnessing domestic violence and being directly abused is more severe.

Sexual abuse

One working definition of sexual abuse states that it includes any act or acts which result in the exploitation of a child or young person, whether with their consent or not, for the purposes of sexual or erotic gratification. Sexual abuse can be perpetrated by adults or other children or young persons.

ELEMENTS OF SEXUAL ABUSE

- EXPLOITATION OF CHILD
- USE OF COERCION
- GRATIFICATION BY ADULT

Sexual abuse has also been defined by the situation or circumstances in which it occurs. For example, in some cultures kissing on the mouth and physical contact are considered normal, whereas in other cultures such behaviour would be seen as inappropriate. To enforce the Western definitions of sexual abuse on non-Westernised and traditional customs would be to encourage the development

of victimisation without an understanding of how an act becomes a perpetration. However, certain sexual acts are prohibited by criminal statutes, and must be reported by designated professionals and investigated by child protection agencies.

It is important to acknowledge that sexual abuse is made up of more than just penetration of a vagina or anus by a penis. There are other behaviours, some not requiring any physical contact between the child and the perpetrator, that are also argued to constitute sexual abuse. These behaviours are important to note because they can often form part of the grooming process used by sex offenders to encourage children to accept sexual contact. Therefore, sexual abuse can take the form of non-contact and contact abuse. Non-contact abuse refers to the perpetration of certain sexual acts and/or use of images of a sexual nature, which do not require a targeted child victim to be physically touched. These can include:

- EXHIBITIONISM (FLASHING)
- VOYEURISM (PEEPING)
- SUGGESTIVE BEHAVIOURS OR COMMENTS
- EXPOSURE TO PORNOGRAPHIC MATERIALS
- PRODUCING VISUAL DEPICTIONS OF SUCH CONDUCT

Contact abuse involves those acts, often criminalised, that involve the sexual exploitation of a child using different forms of sexual contact, including:

- GENITAL/ANAL FONDLING
- MASTURBATION
- ORAL SEX
- OBJECT/FINGER PENETRATION
- ENCOURAGING A CHILD TO PERFORM ACTS ON THE PERPETRATOR
- INVOLVEMENT OF A CHILD IN PORNOGRAPHY OR PROSTITUTION
- RAPE, SODOMY, INDECENT ASSAULT AND MOLESTATION

Researchers now agree that multiple forms of abuse occur in any one case. For example, a child who is sexually abused may be threatened with violence if they disclose the abuse to anyone. Because of the threat of violence, the child is a victim of the sexual exploitation itself as well as emotional or psychological abuse. Similarly, a child who is beaten after a rape to ensure their silence is a victim of sexual abuse and physical abuse because of the beating. Multiple victimisations have an impact on the child's adjustment and behaviour. The child victim will suffer from common trauma symptoms as a result of the different types of abuse.

INTRA-FAMILIAL ABUSE

- ABUSE OCCURS WITHIN FAMILY
- PERPETRATED BY UNCLES, BROTHERS, GRANDFATHERS, STEPFATHERS, FATHERS, MOTHERS AND AUNTS
- EXTRA-FAMILIAL ABUSE
- ABUSE BY NON-FAMILY MEMBERS
- PERPETRATED BY FAMILY FRIENDS, PEERS, TEACHERS, ACQUAINTENCES AND, TO A LESSER DEGREE, STRANGERS

3. Why does child sexual abuse occur?

Society likes to assign the cause of child sexual abuse to the individuals concerned, believing that these individuals suffer from various pathologies. Unfortunately, this is only the case in a very few instances. In the vast majority of cases of child sexual abuse, the offender does not suffer from any serious psychological disturbance. The reality is that there are many social, political and economic factors which play a role in the perpetuation of child sexual abuse through individual, family, community, institutional and cultural contexts.

- ABUSE OF POWER
- GENDER INEQUALITY
- CULTURE OF VIOLENCE
- MYTHS
- ECONOMICS

THE ROLE OF THE EDUCATOR

- EDUCATORS SHOULD KNOW WHAT CHILD ABUSE IS, SO THAT THEY WILL BE ABLE TO IDENTIFY IF ANY OF THEIR LEARNERS EXHIBIT ANY OF THESE SIGNS, SYMPTOMS OR INJURIES.

The process of disclosure

AIMS

- **To introduce the concept of disclosure and map its gradual progress**
- **To identify the factors that impact on the disclosure process**
- **To introduce the child abuse accommodation syndrome**
- **To explain the process of disclosure where children have a mental disability**

OUTCOMES

- **The participant will be able to define the process of disclosure in child sexual abuse cases.**
- **The participant will be able to identify the different types of disclosure.**
- **The participant will be able to use the models that explain delay in disclosure.**
- **The participant will have an understanding of the risk factors that cause recanting.**
- **The participant will have a better understanding of the manner in which children with mental disabilities disclose.**

1. **Introduction**
2. **Types of disclosure**
3. **The gradual process of disclosure**
4. **The child abuse accommodation syndrome**
5. **Factors affecting disclosure**
6. **Recanting disclosures**
7. **Disclosure in children with mental disabilities**

READING LIST

1. Introduction

In order for a perpetrator to accomplish a crime successfully, the perpetrator must ensure that any victims of or witnesses to the crime remain silent. Silence and secrecy are fundamental elements of most crimes, but particularly so in crimes of child sexual abuse. In order for a child molester to have continued access to the victim, the child must remain silent.

> DISCLOSURE HAS BEEN DEFINED AS: "A CLINICALLY USEFUL CONCEPT TO DESCRIBE THE PROCESS BY WHICH A CHILD WHO HAS BEEN … ABUSED … GRADUALLY COMES TO INFORM THE OUTSIDE WORLD OF HIS PLIGHT." (Jones and Mcquiston 1988: 145)

Disclosure is the process by which child victims of abuse tell what has happened to them. Because it is a process, disclosures tend to be haphazard and often confusing, and it is even common for elements of the crime to be disclosed by the child for the first time during the trial itself. This creates a dilemma between the needs of the court (which requires a clear, coherent report) and the ability of the child (who is generally not able to provide a clear, coherent report).

2. Types of disclosure

There are two main types of disclosure: purposeful disclosure and accidental disclosure.

PURPOSEFUL DISCLOSURE
When the child victim tells that abuse has taken place and has the intention to tell the story

ACCIDENTAL DISCLOSURE
When the child victim does not intentionally disclose the abuse but unintentionally indicates, through some accidental behavioural indicator, that abuse has taken place

However, although there are two types of disclosure, it must be remembered that disclosure is a process, so the distinction is often not clear-cut. For instance, a victim may make a tentative disclosure. This is where the victim gives some information about the abuse and then assesses the reaction to the disclosure. If the reaction is positive, the victim may make a fuller disclosure. However, if the reaction is negative, the child will be less likely to disclose and may even recant.

Most disclosures are accidental, and children in general exhibit a disclosure process that progresses from denial to tentative disclosure to a purposeful disclosure of the abuse. If there are negative consequences as a result of the purposeful disclosure, the victim may retract the disclosure. Purposeful disclosures of abuse made during an investigation are often not the first disclosures made by the child victim. For their initial disclosure, children will turn to someone they trust, such as a friend or, in some cases, a trusted adult.

3. The gradual process of disclosure

When a child starts to disclose sexual abuse, the child often provides cues that abuse has taken place. The existence of these cues as well as the type of clues presented are dependent on a number of factors, such as the family environment and the developmental level of the child. Disclosure can also occur at any point. It may occur immediately after the abuse, or it can take place many months or even years after the abuse has occurred. It is important to be aware of the fact that many people never disclose their abuse. The disclosure process is therefore haphazard. The reason for the haphazard nature of the disclosure of abuse has been explained by a number of models. One that is used frequently in forensic reports is the child abuse accommodation syndrome.

4. The child abuse accommodation syndrome

Child victims of abuse develop different methods to cope with the abuse. This is particularly evident in cases of sexual abuse. These methods of coping have been referred to as the child abuse accommodation syndrome. This syndrome is an attempt by child victims to cope with the abuse by distorting their own perceptions of what is happening. Although the syndrome has not been validated empirically, and not all sexually abused children pass through its stages, many professionals nevertheless rely on this syndrome to understand sexual abuse allegations and disclosure patterns.

CHILD ABUSE ACCOMMODATION SYNDROME

- **SECRECY**
  - Child does not tell (fear, threats)
- **HELPLESSNESS**
  - Child passively accepts what is done
  - Child rarely resists
- **ENTRAPMENT AND ACCOMMODATION**
  - Child realises consequences
  - Child adjusts life to accommodate abuse
- **DELAYED, CONFLICTING, UNCONVINCING DISCLOSURES**
  - Child makes disclosure (accidental/purposeful)
- **RETRACTION**
  - Response to disclosure may cause retraction

5. Factors affecting disclosure

A number of factors influence why a child may move from silence to a purposeful disclosure, with possible retractions. These factors include the following:

- **Pressures for the child to remain silent**
  This is where the child is threatened by the perpetrator or even a family member not to tell. For instance, where the perpetrator is a family member, the mother may pressure the child not to disclose, otherwise their family will be broken up or they will be destitute.

- **Admission by the perpetrator or accidental disclosure**
  This is where the child has not made a purposeful disclosure and the perpetrator discloses. This happens where, for instance, the perpetrator has abused a number of children and one of the other children discloses the abuse and mentions the child.

- **Trauma symptomologies**
  A child's behaviour may provide an indication that abuse has taken place. Where, for instance, the child displays traumatic sexualisation, a parent or caregiver may intervene and question the child, resulting in a disclosure.

- **Child development**
  Disclosures can happen when a child is older and realises that they were abused at a younger age, at the time being unaware that it was abuse.

- **Responses to disclosure**
  The manner in which the child's disclosure is received will have an impact on whether the child discloses further or not.

6. Recanting disclosures

Recantation can occur at various stages during the investigation and prosecution of child abuse cases. Children can recant for a number of reasons:

REASONS FOR RECANTATION

- SECRECY
- PRESSURE BY THE PERPETRATOR
- LACK OF SUPPORT FROM CAREGIVER/FAMILY
- SOCIETAL ATTITUDES REGARDING CHILD ABUSE
- NEGATIVE INTERACTIONS WITH PROFESSIONALS

Even under optimal conditions within the criminal justice system, it is not difficult to understand why children might withdraw the disclosure of abuse when they realise the ordeal they must experience following a disclosure. It is also easy to understand why even the most supportive caretaker might encourage a child to recant under these circumstances. If any of the professionals with whom the child and family must interact is less than sensitive, professional or understanding about the victim's needs and feelings, this may result in further trauma for both victim and caretaker, and subsequently recantation.

7. Disclosure in children with mental disabilities

Types of disclosure

Collings et al conducted a study in which they reviewed all social work and medical case files of child sexual abuse victims reported within the period January 2001 to December 2003 at the Phoenix state hospital in KwaZulu Natal, South Africa. The following findings were made:

- In most cases the offender was a known person (56%) or a family member (26%).
- Only 18% of perpetrators were strangers.
- For most victims it was a once-off event (56%), while 24% of the children reported abuse by the same perpetrator between two and five times, and 20% more than five times.

The following pattern of disclosure was identified:

- **Purposeful disclosure (30%)**
  - child-initiated; an event
  - "spontaneous and unambiguous verbal disclosure of abuse by the child" (Collings et al. 2005: 276)
  - child needs to overcome fears, threats, stigma and ambivalence as regards telling about coerced experience of sexual nature

- **Indirect disclosure (9%)**
  - child-initiated; a process
  - "spontaneous but ambiguous verbal comment by child which, while not constituting an explicit disclosure of abuse, nevertheless alerted the concerned other to the fact that something might be amiss" (Collings et al 2005: 276)
  - for example, where a child makes a comment like, "I don't like the underpants that X wears," where the child should not have knowledge of X's underwear

- **Eyewitness detection (18%)**
  - third party; an event
  - "situation where the sexual abuse was directly witnessed by a second party who reported the abuse to a caregiver or who reported the abuse directly to the authorities" (Collings et al 2005: 276)

- **Accidental detection (43%)**
  - third party; process
  - "situation where a second party became concerned about the child's welfare as a result of observed injuries, behavioural changes and/or changes in the child's emotional status, leading to the child being questioned or referred for a professional opinion, and the facts of the abuse subsequently becoming evident" (Collings et al 2005: 276-277)
  - consistent with the general child sexual abuse population, accidental detection is the most common form of disclosure for the children with disability group.

Accidental detection in the group with disability is usually based on the discovery of physical signs and symptoms of abuse. In the children with disability population, detection of child sexual abuse by an eye witness appears to have a higher frequency than purposeful or tentative disclosure.

Very young children and children in the disability group are not expected to make purposeful disclosures. Immature or compromised cognitive and moral development may prevent understanding of impropriety. Children in these groups may not question inappropriate touch due to their being used to caregivers touching them during caregiving activities.

THE ROLE OF THE EDUCATOR

- EDUCATORS SHOULD HAVE KNOWLEDGE OF THE PROCESS OF DISCLOSURE SO THAT THEY WILL BE ABLE UNDERSTAND WHY CHILDREN DO NOT WANT TO TELL, AND HENCE WILL DEAL APPROPRIATELY WITH THESE LEARNERS.

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The impact of sexual abuse

AIMS

- To introduce the concept of trauma and how it applies to victims of sexual abuse
- To provide information on the impact of different forms of abuse
- To provide information on the factors that affect abuse
- To introduce the concept of traumagenics
- To explain what resilience means in the context of trauma

OUTCOMES

- The participant will understand what is meant by the concept of trauma
- The participant will have an understanding of the impact of different types of abuse
- The participant will be able to identify the factors that affect abuse
- The participant will be able to identify the different elements of traumagenics
- The participant will understand the term 'resilience' in the context of trauma

1. What is trauma?
2. Factors impacting on child sexual abuse
3. Traumagenics
4. Short-term and long-term effects of child sexual abuse
5. Resilience

READING LIST

1. What is trauma?

Children who are victims of abuse experience significant trauma. This trauma can be overt, and will be noticeable in the way that the child behaves, as in the case of a young child victim of prolonged and repeated sexual abuse acting out sexually as a result of the abuse. Such sexualised behaviour is a symptom of the trauma that the child has experienced as a result of the abuse. In most cases, however, the trauma is covert and cannot be easily identified when interacting with a victim of abuse. To understand the impact of abuse on child victims, it is necessary to examine what is meant by a traumatic event.

The psychiatric definition of a traumatic experience is the occurrence of an event outside normal human experience.

> TRAUMATIC EXPERIENCES ARE DEFINED BY THEIR OFTEN SUDDEN, HORRIFYING AND UNEXPECTED NATURE.

Such experiences can be categorised as those that occur once, such as rape, assault or an accident, or those that are prolonged, as in war or abuse over an extended period of time. Trauma is an elastic term, and the level of trauma experienced by an individual depends on that individual's personal coping

methods, as well as the systems within which that individual operates, such as the family system and social system.

It is therefore necessary to take into account the individual characteristics of each victim of trauma when determining the impact of a violent experience on their ability to cope and the level of post-traumatic stress disorder. Although responses to trauma are dependent on individuals, there are general, broad implications for children who are victims of abuse. The abuse impacts on every aspect of the child, i.e. their development, their sense of safety and their ability to function effectively, to name but a few. The core of the child is damaged.

2. Factors impacting on child sexual abuse

There are certain factors that play a role in how severe the impact of the abuse will be on the child victim. It is essential, however, to acknowledge that, regardless of the severity of the act, some form of trauma will be experienced by all victims of abuse.

FACTORS IMPACTING ON ABUSE

- THE ACT ITSELF
- FREQUENCY OF ABUSE
- DURATION OF ABUSE
- AGE OF CHILD AT ABUSE
- USE OF FORCE
- RELATIONSHIP TO PERPETRATOR
- NUMBER OF PERPETRATORS

There are a number of factors that affect the concept of sexual abuse as it relates to child victims, namely issues around consent, exploitation, ambivalence towards the perpetrator, and force and secrecy. Children do not consent to sexual abuse. They do not fully understand what is being proposed to them and they are often not in a position to refuse sexual contact with an authority figure or a person who is stronger and more resourceful than them.

Where the abuse is of an intrafamilial nature or incest, offenders do not usually begin the incestuous relationship by having sexual intercourse. The sexual activity develops and progresses over a period of years from socially and culturally acceptable hugging, touching and kissing to inappropriate fondling, mutual masturbation, oral sex and penetrative intercourse. This is known as the grooming process, and this process often confuses the child's boundaries of consent.

Child victims of sexual abuse are often manipulated or coerced into sexual behaviour by adults or older children who are stronger, more resourceful and more knowledgeable, especially regarding sexual acts. It is the grooming process which provides the tools for manipulation through the offering of gifts, fulfilling the child's basic need for attention, praise, affection and closeness, and reworking these needs into an inappropriate sexual relationship.

Child victims often feel ambivalent about the sexually abusive experience itself. They do not like the sexual part of the experience, but they may enjoy the special attention they receive because of the abuse. Children may also become confused about the abusive experience because some of the physical sensations they feel are pleasant. Child victims know, whether consciously or subconsciously, that the behaviour is wrong, and although they want the abuse to stop, they do not want to stop receiving the gifts, privileges or attention.

Force used to coerce a child into engaging in sexual contact may not necessarily be physical. The force used may also be of a psychological nature, including threats of violence, threats of the withdrawal of attention or special favours, or the suggestion that the family will be broken up if the child tells anyone. Related to this psychological coercion is the factor of secrecy. The abuser must convince the child that they should not tell anyone else about the abuse.

Child sexual abuse is unique in its definition as a traumatic experience, in that there is often a subtle process involved that does not necessarily involve violent coercion. The abuser uses tricks or bribes to lure the child into a sexual experience, and the child, being developmentally unsophisticated, does not recognise what is happening. This grooming process is used by the abuser to remove the child's reluctance to engage in sexual contact. The grooming process confuses the child's feelings of having experienced abuse and often results in the child feeling responsible or accountable for the sexual encounter.

This confusion sets the foundation for what research has identified as the most complex reaction to a traumatic experience, namely Complex Post Traumatic Stress Disorder. This disorder arises from prolonged, repeated trauma where there is a relationship between the victim and the perpetrator of the abuse that results in long-term psychological disturbances.

3. Traumagenics

Traumagenics is a model used in assessments to understand the impact of sexual abuse. This model is often used both in research on the impact of sexual abuse and for the purpose of treatment. Traumagenics defines the experience of sexual abuse in terms of four trauma-causing factors known as traumagenic dynamics. These dynamics are generalised and can occur in other kinds of trauma, such as divorce of the child's parents or being physically abused. However, sexual abuse is unique in that all four traumagenic dynamics occur at the same time.

4 DYNAMICS OF TRAUMAGENICS

- TRAUMATIC SEXUALISATION
- BETRAYAL
- POWERLESSNESS
- STIGMATISATION

Traumatic sexualisation

Traumatic sexualisation refers to the process in which a child victim's sexuality (including sexual feelings and sexual attitudes) is shaped in a developmentally inappropriate and interpersonally dysfunctional way.

Traumatic sexualisation occurs in a number of ways, namely:

- when a child is repeatedly used for sexual behaviour inappropriate to their level of development;
- when sexual behaviour is conducted in exchange for affection, attention, privileges and gifts;
- when parts of the child's body are given distorted importance and meaning;
- when sexual behaviour and morality are confused by the offender; or
- when very frightening memories and events become associated in the child's mind with sexual activity.

The extent of the traumatic sexualisation depends on a number of factors. If the offender evokes a sexual response from the child, the trauma is often more intense. Where the child is enticed to participate

actively in the abuse, the trauma is usually greater than if the offender uses brute force, and the degree of the child's understanding also impacts on the extent of the trauma experienced.

EFFECTS OF TRAUMATIC SEXUALISATION

- SEXUAL PREOCCUPATIONS
- REPETITIVE SEXUAL BEHAVIOUR
- SEXUAL AGGRESSION
- SEXUAL PROBLEMS AS AN ADULT
- CONFUSION AROUND SEXUAL IDENTITY
- CONFUSION ABOUT SEXUAL NORMS
- NEGATIVE CONNOTATIONS REGARDING SEX

Betrayal

The second traumagenic dynamic refers to the process in which children discover that someone on whom they may have been dependent has caused them harm, and they realise that a trusted person has manipulated them through lies or misrepresentation and treated them with total disregard. Children can experience betrayal not only at the hands of offenders, but also by family members who they believe should have protected them from the abuse.

The extent to which the child experiences betrayal in response to sexual abuse depends on a number of factors. If the abuse is perpetrated by an offender known to the child, the child is likely to feel greater betrayal than a child who is abused by a stranger. The extent of the betrayal felt by the child victim also depends on the response of a trusted person to the child's disclosure. Children who are disbelieved, blamed or ostracised tend to experience a greater sense of betrayal than those whose disclosure is supported.

EFFECTS OF BETRAYAL

- GRIEF AND DEPRESSION
- DEEP DISILLUSIONMENT AND DISENCHANTMENT
- EXTREME DEPENDENCY AND CLINGING BEHAVIOUR
- JUDGEMENT IMPAIRED
- VULNERABILITY TO SIMILAR ABUSE
- HOSTILITY AND ANGER
- DISTRUST
- ISOLATION
- ANGER AND AGGRESSIVE BEHAVIOUR

Powerlessness

The third traumagenic dynamic refers to "the process in which the child's will, desires, and sense of efficacy are continually contravened" (Finkelhor and Browne 1985: 66). This sense of powerlessness occurs in sexual abuse when the child victim's physical and body space are repeatedly invaded without the child's consent. This invasion is aggravated by the manipulation used by the offender to gain the child's compliance.

The extent to which a sense of powerless is reinforced depends on a number of factors, namely:

- fear frustrating the child's attempt to stop the abuse;
- a trusted person's lack of understanding or disbelief that the abuse has happened;
- any dependency of the child on the offender;
- the abuser's authority being absolute, and abuse being followed by force or a threat of serious harm to the child; and
- being subjected to a feeling of total entrapment upon realising the consequences of a disclosure (e.g. removal from the home and placement in a place of safety) – this feeling being enough to render the child powerless, without any force or threat being necessary.

Powerlessness, in effect, can pervade most areas of functioning, and can have long-term repercussions for the child.

EFFECTS OF POWERLESSNESS

- **FEAR AND ANXIETY**
  - Nightmares
  - Phobias
  - Hypervigilance
  - Clinging/regressed behaviour
  - Somatic complaints
- **IMPAIRMENT OF COPING SKILLS**
  - Avoidance
  - Despair
  - Depression
  - Suicidal behaviour
- **SUBSEQUENT REVICTIMISATION**
- **DYSFUNCTIONAL NEED TO CONTROL**
- **AGGRESSIVE AND DELINQUENT BEHAVIOUR**

Stigmatisation

The final dynamic refers to the negative connotation associated with the sexual abuse, which may have been communicated to the child during the abusive experiences. These negative connotations become incorporated into the child's self-image and include a sense of badness, shame and guilt. These connotations are entrenched by the offender, and in many cases also the family or community, often to ensure that the child does not disclose the abuse. The child may begin to feel like 'spoiled goods'.

EFFECTS OF STIGMATISATION

- DISTORTED SELF-IMAGE
- FEELINGS OF ISOLATION
- SELF-DESTRUCTIVE BEHAVIOUR
- SUICIDE ATTEMPTS
- GUILT OR SHAME
- LOW SELF-ESTEEM

4. Short-term and long-term effects of child sexual abuse

Research on the effects of sexual abuse tends to be controversial, because some researchers would like to say that sexual abuse always causes harm, whereas others maintain that some victims show no symptoms at all. Some victims present with numerous and severe behavioural problems and function poorly, while others become overachievers and highly competent.

Children who have been sexually abused manifest a variety of symptoms. The symptoms are important for two reasons:

- With preverbal children, symptoms may be the only indication of ongoing abuse.
- Symptoms give some indication of the extent of the trauma for children.

An overview of the symptoms of sexual abuse that most likely occur within a given age group includes:

- **Pre-schoolers:**
  - anxiety
  - nightmares
  - inappropriate sexual behaviour.
- **School-aged:**
  - fear
  - mental illness
  - aggression
  - nightmares
  - school problems
  - hyperactivity
  - regressive behaviour.
- **Adolescents:**
  - depression
  - withdrawal, suicidal thoughts, self-injury
  - physical complaints
  - illegal acts
  - running away
  - substance abuse.

Studies have shown that child sexual abuse has long-term implications, including psychological problems and medical/health problems, the symptoms of which can appear immediately after the abuse starts or some time later. In some cases these symptoms appear only decades after the abuse has taken place.

Symptoms that adult survivors manifest are called 'logical extensions' of the coping mechanisms developed in childhood when the abuse took place. For example, child victims of sexual abuse who manifest inappropriate sexual behaviour may become sexually promiscuous in adolescence and/or adulthood. Similarly, child victims who use anger as a response to the abuse may get involved in criminal behaviour later in life.

5. Resilience

Victims use coping mechanisms to manage the trauma they are going through. These coping mechanisms often make the child appear resilient or unaffected by the abuse. However, that outward coping often masks an inner turmoil. The child tries to mask this inner turmoil by minimising the impact and/or

severity of the abuse and rationalising the offender's behaviour. At the extreme end, victims deny that the abuse occurred, try to forget it happened or dissociate from the abuse. Victims hide by creating a persona that appears perfectly functional so that no one knows that they were abused.

THE ROLE OF THE EDUCATOR

- EDUCATORS SHOULD BE AWARE OF THE SYMPTOMS OF TRAUMA SO THAT THEY WILL BE ABLE TO IDENTIFY CHILDREN WHO ARE AT RISK.

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Sex offenders who target children

AIMS

- **To introduce a very basic classification of sex offenders**
- **To explain the grooming process that is adopted by sex offenders**
- **To highlight the effects of the grooming process on the victim**

OUTCOMES

- **The participant will have a basic knowledge of the different types of sex offenders.**
- **The participant will understand the grooming process that is often adopted by the sex offender.**
- **The participant will be able to understand the effects of the grooming process on the child victim.**

1. **Introduction**
2. **Classification of sex offenders**
3. **The offending cycle of the sex offender**
4. **The grooming process**
5. **The effect of grooming**

READING LIST

1. Introduction

As important as it is to understand the child victim of a sexual offence, it is also important to understand the offender in order to grasp the full nature of the crime in a holistic manner. Information on sex offender behaviour is still limited. Researchers rely on the cooperation and motivation of offenders for information.

To date, research has been limited to studies conducted on offenders who have been convicted and are serving prison sentences, and offenders in rehabilitation programmes. Most of the information on sex offenders comes from studies conducted in the Western, developed world. There is limited research on sex offenders in Africa.

UNDERSTANDING THE SEX OFFENDER EXPLAINS …

- WHY THERE IS OFTEN DELAYED DISCLOSURE ON THE PART OF THE VICTIM
- TRAUMA SYMPTOMOLOGIES AND OTHER BEHAVIOURAL ASPECTS
- THE CHILD'S FEELINGS ABOUT THE PERPETRATOR
- THE CHILD'S FEELINGS OF GUILT AND SHAME

2. Classification of sex offenders

Although each sex offender is an individual with individual offender behaviour and motivations, research has identified a number of shared common characteristics that make it possible to classify sex offenders who target children into broad categories. The aim here is to provide a very brief overview of some of the different types of sex offenders, as this provides greater clarity for understanding the way that they treat their child victims.

SEX OFFENDERS WHO TARGET CHILDREN

- VIOLENT CHILD RAPISTS
- SADISTIC CHILD RAPISTS
- OPPORTUNISTIC SEX OFFENDERS
- FIXATED OR PREFERENTIAL SEX OFFENDERS
- JUVENILE SEX OFFENDERS

Violent child rapist

Violent rape can be defined as forcing the child to submit to an act of sexual violence, which often involves pain, injuries and humiliation for the victim. Most experts agree that the primary motivation behind rape is an aggressive desire to control and dominate the victim, rather than an attempt to achieve sexual fulfilment.

Violent rapists often target strangers. However, they may target someone they know if they use rape as a form of punishment, as in instances of revenge rape. The violent rape may also be part of a crime plan and not the main intended assault, as in the case of burglars who also rape their victims.

There is no specific age range for violent rapists. They tend to view the rape as a way of punishing, humiliating or controlling their victims. These offenders may also endorse attitudes supportive of male sexual entitlement, which postulate that, as a male, the offender is entitled to sexual satisfaction. In some instances, a sexual attack on a child is a way of taking revenge on the offender's spouse or other women. A basic characteristic of this group, therefore, is violence associated with domination or revenge, using sex as the weapon.

The sadistic child rapist

There is a minority group of sex offenders who get their satisfaction from sadistic sexual acts and from inflicting pain on their victims. This type of sex offender tends to kill the victim, either because of the extent of the injuries inflicted or to ensure that the victim cannot identify the offender. In some cases, the offender will continue to sexually violate the victim's corpse. The infliction of pain and the helplessness of the victim cause the offender to experience sexual arousal, which is often enhanced by the victim's pleading, screaming or crying.

These offenders tend to have a long history of anti-social behaviour and poor adaptation to their environments. They are drawn to children for both sexual and aggressive reasons, and prefer victims of the same sex (homosexual paedophilia). They are responsible for most abductions and murders of children, and are the most dangerous sex offender to children as well as being the most difficult to rehabilitate.

Opportunistic child sex offenders

Sex offenders in this group are primarily attracted to their own peer group, and are often married or in a relationship with someone of their own age. However, in times of stress or reduced control, such as upon the consumption of alcohol, they may molest a child, usually for comfort or because of feelings of entitlement. The offence often takes place as a result of a specific situation in which the offenders find themselves, or as a result of an opportunity – hence the name. Most of the literature points to issues such as the need for control, power and/or position, possibly as a result of a situation where the offender feels disadvantaged or threatened.

Preferential or fixated sex offender

These sex offenders are people who are specifically sexually attracted to children. They have a long-standing, exclusive preference for children, both as sexual and social companions. They feel comfortable relating to children, and have usually been sexually attracted to children from adolescence. Preferential sex offenders rarely marry. Any sexual experiences with adults or peers tend to be situational in nature and never replace the primary sexual attraction to children. Their social background often lacks long-term relationships with adults.

Juvenile sex offenders

Many young people who sexually abuse others have been sexually abused themselves. In many situations their own abuse may be recent or even concurrent with their own offending. Since sexual interest begins in early adolescence, adult preferential sex offenders report that their first sexual offence occurred during adolescence. Therefore, sex offender behaviour in adolescence may serve as a precursor to sex offending in adulthood.

The adolescent sex offender tends to come from a dysfunctional family, where there is evidence of domestic violence, substance abuse and criminal involvement. They often experience social isolation and anxiety, and have a history of under-developed peer relationships. There is usually evidence of delinquent behaviour, and often a history of previous convictions for non-sexual offences.

Juvenile sex offender classifications in Africa

Most of the available sex offender classifications have been developed in the Western world, and there is very little available research on sex offenders in Africa. However, non-empirical research conducted by an NGO in South Africa identified a number of classifications of young sex offenders.

- **TWEENY PRACTICE:**
  TEENAGERS PRACTISING SEX WITH YOUNGER CHILDREN
- **HELP SEEKING:**
  BOY-CHILD WHO HAS BEEN SEXUALLY ABUSED AND REPEATS ABUSE
- **MONKEY-SEE-MONKEY-DO:**
  EXPOSURE TO GENDER-BASED VIOLENCE AND RE-ENCTING WITH PEERS OR YOUNGER CHILDREN
- **REVENGE RAPE:**
  GANG RAPE OF A GIRL AS PUNISHMENT FOR HER DUMPING HER BOYFRIEND
- **SPORT RAPE:**
  TEAMING UP WITH A GANG TO RAPE WOMEN

3. The offending cycle of the sex offender

Sex offending behaviour has been researched extensively. The manner in which sex offenders rationalise their behaviour has been compared to that of alcoholics: they use justifications to make themselves feel better about their behaviour. They know that the behaviour is wrong, but they justify it, using various reasons.

An integral part of the sex offending cycle is the grooming process. Many offenders spend a great deal of time and energy grooming their victims. Not all sexual abuse is preceded by grooming. However, grooming is a common tool used by child sex offenders to manipulate the child. The offender fulfils a basic need in the child, and reworks that need into a sexual relationship. Grooming tends to follow a specific pattern, the aim of which is to manipulate the child into a sexual relationship. This pattern or cycle is known as the grooming process.

4. The grooming process

Grooming has been described in various ways. It involves an interaction between the perpetrator and the child which is aimed at relaxing the child's defences in order to escalate inappropriate physical contact. It is comparable to a normal courting process, and is somewhat of a seduction ritual, the ultimate goal of which is the sexual victimisation of the child.

DEFINITION OF GROOMING

"... the process by which child molesters build trust with the child to transition from a nonsexual relationship to a sexual relationship in a manner that seems natural and non-threatening." (Kim 2004)

Grooming is a gradual process, and the tactics employed by the perpetrator will vary. The strategies employed to get the child to take part in sexual activity tend to involve gradual desensitisation of the victim. The grooming process involves a number of stages, and the time spent on each stage depends on the child and the child's compliance with the offender's expectations. Some stages can be skipped and/or returned to throughout the grooming process, again depending on the child's compliance.

STAGES OF GROOMING

- MEETING THE CHILD
- FRIENDSHIP-FORMING STAGE
- RELATIONSHIP-FORMING STAGE
- FIRST SEXUAL ENCOUNTER
- MAINTAINING THE VICTIM

Meeting the child

For the perpetrator, the first steps towards achieving the given purpose is identifying, targeting and meeting a specific child. Some sex offenders befriend adults who have children, and in this regard single-parent families make particularly good targets. The sex offender will gain the trust of the parent(s) in

order to have access to the child. The perpetrator will often befriend the parent(s) first and insinuate their way into their lives. The perpetrator may also find leisure activities or have hobbies or interests which may bring them into contact with children, such as becoming a soccer coach or teaching karate or playing computer games with children.

Offenders often target children who experience family problems, who are non-assertive, non-confident, curious and trusting. It is not surprising that children with obvious vulnerabilities – such as children who come from unhappy homes; need attention; feel unloved and are unpopular; spend time alone and are unsupervised; lack self-confidence and self-esteem; are isolated from their peers; display behavioural problems; have few social supports; or have poor boundaries with others – are targeted, as they will soak up "loving" adult attention like a sponge.

Friendship-forming stage

Once the offender has selected and recruited a victim, the next stage of the grooming process begins. The friendship-forming stage involves the offender getting to know the child and the child's interests, likes and dislikes. This is an important precursor to the next stage, the relationship-forming stage, which is merely an extension of the friendship-forming stage.

To ensure that the child plays along, the offender will try to gain the child's trust, often by providing a form of counselling or emotional support to the child as well as reliability. The offender will find and fill voids in the child's life, even if only by providing food. The offender may spend a long time befriending the child, and is usually very patient, devoting many days, weeks or even months to ensuring that the child trusts them. Essentially, this is a trust-building process, which may continue for some time.

Relationship-forming stage

This stage is a natural extension of the previous stage, and is closely connected to it. It is often not possible to distinguish the two stages, as they are interlinked. At this stage, the offender must introduce the child to a more intimate level of the friendship, as most children are sexually naïve. During this stage the perpetrator often forges an intimate bond with the victim.

The first physical contact between the offender and the victim is often non-sexual touching designed to identify and test limits. Non-sexual touching desensitises the child, breaks down inhibitions and may lead to more overt sexual touching, which is the perpetrator's ultimate goal.

To maintain a relationship with the child, the offender will introduce the element of secrecy into the relationship, and will usually manipulate the child to keep the secret. This may be done in a variety of ways: using subtle tactics such as bribery, threats of harm to the child or the child's family; taking advantage of the child's innocence; and/or withdrawing affection or promises of rewards that might lead the child to believe that the relationship may be advantageous for them. A common grooming method that offenders use at this stage is pornography.

PORNOGRAPHY IS USED IN GROOMING TO …

- AROUSE THE PERPETRATOR
- ASSIST IN FANTASISING
- AROUSE THE VICTIM
- CREATE A COLLUSIVE SECRET
- SEXUALISE THE ENVIRONMENT
- LOWER VICTIM'S SEXUAL INHIBITIONS

The offender often uses both adult pornography and child pornography as aids during the grooming process, albeit for different purposes. Adult pornography is most often used to arouse the victim and break down barriers to sexual behaviour, while child pornography serves the same purpose, with the additional purposes of communicating the perpetrator's sexual fantasies to the child and normalising sexual behaviour between children and adults. Pornography serves the further purposes of diminishing the victim's inhibitions and creating the impression that sexual acts between adults and children are normal, acceptable and enjoyable.

First sexual encounter

Once the perpetrator has desensitised the victim through the process of grooming, the first sexual contact will be initiated. The relationship progresses to the stage of actual sexual molestation, as contact which may have been seen by the child as innocent touching now escalates to sexual touching and other sexual physical contact.

If the victim is fearful or resists, some offenders will use threats or violence to control the child as a way of overcoming the child's anxieties. The majority, however, will use passive methods of control such as ceasing with the abuse and then coercing and persuading the victim again at a later stage. Once the first sexual encounter takes place, the perpetrator may progress onto more intense sexual activities.

Maintaining the victim

Once the first sexual encounter between the victim and the perpetrator has occurred, the grooming process does not necessarily end, because the offender might wish to maintain further contact with the child concerned, and will most certainly want to ensure the child's silence about the abuse.

5. The effect of grooming

There is little knowledge or understanding of the grooming process in child sexual abuse cases, in both the legal process and the therapeutic process. The grooming process distorts the relationship that the child has with the offender, and confuses the child's understanding of their own role in that relationship.

No matter how simple the grooming of the child may be, it can have a devastating effect on the child. The child is left feeling betrayed, damaged and confused.

Therefore, more attention needs to be paid to the grooming process in order to adequately assist the victim through both the criminal justice and the recovery process. An understanding of the grooming process will assist with understanding the impact of the crime on the child.

THE ROLE OF THE EDUCATOR

- EDUCATORS SHOULD BE AWARE OF HOW SEX OFFENDERS TARGET CHILDREN SO THAT THEY CAN IDENTIFY VULNERABLE LEARNERS.
- EDUCATORS SHOULD ALSO BE AWARE OF THE CHARACTERISTICS OF DIFFERENT TYPES OF SEX OFFENDERS, BECAUSE THERE MAY BE LEARNERS OR EDUCATORS WHO ARE PERPETRATING THESE CRIMES.

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Online exploitation of children

AIMS

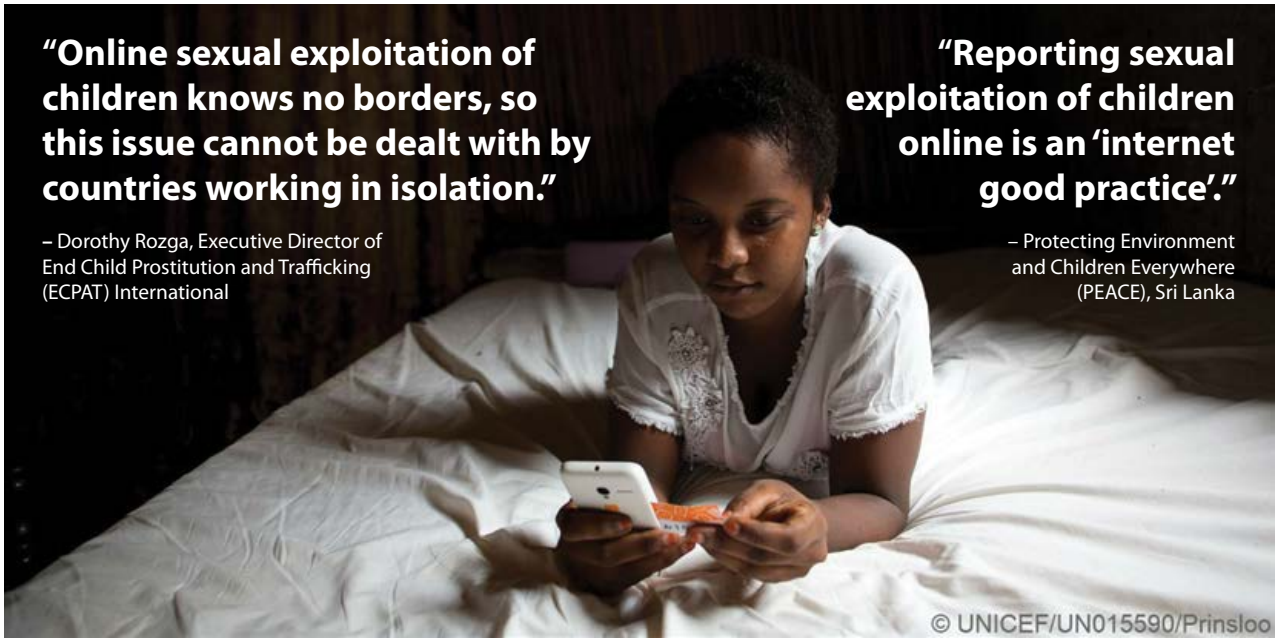
- To explain the influence that digital technology exerts on adolescents
- To introduce available information on the influence of the Internet on adolescent sexuality
- To provide information on sexting and its implications for adolescents
- To examine the safety risks inherent in online activity

OUTCOMES

- The participant will be aware of the influence of digital technology on adolescents.
- The participant will understand the influence that the Internet has on adolescent sexuality.
- The participant will know what sexting means and how adolescents use this.
- The participant will be aware of the safety risks to which children using the Internet are exposed.

1. Introduction
2. Understanding adolescents and the influence of digital technology
3. The Internet and adolescent sexuality
4. Online sexual exploration
5. Sexting and the adolescent
6. Online safety risks
7. The impact of being involved in child pornography

READING LIST



1. Introduction

There has been an incredible increase in the use of digital technology in the last 30 years. In 2018 the world's population stands at 7,6 billion people. The following facts highlight the extent of the digital revolution in 2018:

DIGITAL TECHNOLOGY 2018

- 4,5 BILLION CELL PHONE SUBSCRIBERS
- MORE THAN 4 BILLION INTERNET USERS
- 3,7 BILLION EMAIL USERS
- 1,9 BILLION WEBSITES, INCREASING AT ONE PER SECOND
- 1,34 BILLION MOBILE PHONE FACEBOOK USERS
- 2,9 BILLION FACEBOOK USERS ACTIVE MONTHLY
- 1,3 BILLION PEOPLE USE YOUTUBE
- 300 HOURS OF VIDEO ARE UPLOADED TO YOUTUBE EVERY MINUTE
- ALMOST 5 BILLION VIDEOS ARE WATCHED ON YOUTUBE EVERY SINGLE DAY
- YOUTUBE GETS OVER 30 MILLION VISITORS PER DAY
- THE TOTAL NUMBER OF HOURS OF VIDEO WATCHED ON YOUTUBE EACH MONTH IS 3.25 BILLION
- THE AVERAGE NUMBER OF MOBILE YOUTUBE VIDEO VIEWS PER DAY IS 1 BILLION
- MORE THAN HALF OF YOUTUBE VIEWS COME FROM MOBILE DEVICES

In Namibia too, there are more cell phones than people (110%) with approximately 2,35 million active users. In 2018, more than 80 000 customers accessed the Internet through a personal computer or tablet and over 470 000 via their mobile phones, resulting in close to 550 000 users accessing mobile internet.

In 2016, research on children's online activities was conducted in Namibia, with 735 children between the ages of 13 and 17 surveyed (UNICEF 2016). The online activities of children are summarised below:

ONLINE ACTIVITIES OF CHILDREN IN NAMIBIA

- FEWER THAN 1 IN 10 PARTICIPANTS (7%) DO NOT USE THE INTERNET
- SMART PHONES ARE MOST POPULAR FOR INTERNET ACCESS
- INTERNET ALSO ACCESSED BY PERSONAL AND SCHOOL LAPTOP AND DESKTOP COMPUTERS
- HOME IS THE PRIMARY SITE FOR INTERNET ACCESS
- WATCHING MOVIES/VIDEOS ONLINE IS THE MOST POPULAR ACTIVITY
- 46% OF BOYS AND 43% OF GIRLS DO THIS MORE THAN ONCE A DAY
- OTHER POPULAR ACTIVITIES: SCHOOL WORK, SOCIAL NETWORKING SITES (SNS) AND LOOKING FOR HEALTH INFO

Although computers and cell phones have provided powerful avenues for sharing digital information and content, they have also provided exposure to cyber-specific risks and dangers like cyberbullying, solicitation and inappropriate content. The Namibian study (2016) found that the most prevalent form of negative experience was seeing images of a sexual or violent nature. For example, 68% of respondents had seen sexual content that they did not wish to see, 31% had been sent sexually explicit images of people they did not know, 29% had seen sexual content including children, and 63% had seen disturbing or violent images.

RISKS OF ONLINE USE

- CYBERBULLYING
- SEXTING
- MEETING AND TALKING TO STRANGERS
- INAPPROPRIATE CONTENT
- BREACH OF PRIVACY

There are opposing viewpoints about the effects of digital technology on adolescents. Some highlight the negative effects of being able to connect with others, engage with society and develop meaningful relationships, and others highlight the belief that the Internet has created unprecedented opportunities for learning and engagement (Saleh 2014: 24).

2. Understanding adolescents and the influence of digital technology

Technology and social media have changed the ways in which people share information, learn and engage. As digital technology has increasingly become part of daily life, it has altered the norms, attitudes and behaviours not only of adults but also adolescents, impacting the latter quite fundamentally. Saleh et al. (2014: 26ff) have identified a number of trends in this regard:

- Adolescents have access to the Internet.
- Adolescents communicate mostly by texting.
- Adolescents love social networks.
- Adolescents use a range of social media technologies.
- Adolescents use social media to connect to broader culture.

Communicating by texting on cell phones has become a normative mode of social interaction among teens, and has emerged as the preferred manner in which most teens communicate (Saleh 2014: 28).

WHY TEENAGERS LIKE TEXTING

- TEXTS EXCHANGED VERY QUICKLY
- EASY TO USE
- GIVES AN OPPORTUNITY TO THINK ABOUT THE RESPONSE
- MORE PRIVATE
- GENERALLY FREE OR LOW-COST

3. The Internet and adolescent sexuality

In terms of socio-emotional development, children do not develop within a vacuum, but within a particular family, community and culture. The Internet and other digital media are now becoming an important social context for adolescents in the same way as their schools and peer groups are. Since technology enables adolescents to communicate with peers as well as families, and even to connect with

their leisure interests, Saleh (2014: 62) proposes that online communication may provide a promising venue for adolescents to deal with the socio-emotional stages of constructing identity and forming intimate relationships as their sexuality develops. It follows that core adolescent issues (sexuality, identity and intimacy) will feature in their online activities, and will involve healthy adolescent behaviour such as exploring sexuality and identity online.

But the problem is that online interaction can also involve unsafe behaviour, like meeting and interacting with strangers, in much the same way as adolescents become involved in risky behaviour offline, like substance abuse. However, the online world is very different from the offline world. It creates a realm of anonymity and provides a sense of control over interactions, because adolescents believe that the communication is over when they turn off their devices. This gives rise to a sense of disinhibition which is dangerous because it leads children to overshare information and offer information that they would not in a face-to-face situation. Online sexual exploration can take the following forms: looking for information about sexuality and sexual health; constructing and presenting sexual images online; and cybersex and access to sexually explicit content (Saleh 2014: 63). Cybersex refers to sexual chatting that takes place between individuals online.

4. Online sexual exploration

Four ways that adolescents engage in online sexual exploration

ONLINE SEXUAL EXPLORATION

- LOOKING FOR INFO ABOUT SEXUALITY AND SEXUAL HEALTH
- CONSTRUCTING ONESELF IN TERMS OF SEXUAL DEVELOPMENT
- ENGAGING IN SEXUAL CONVERSATIONS
- ACCESSING SEXUALLY EXPLICIT CONTENT

Finding information about sexuality and sexual health

Adolescents are going through a stage of sexual maturation that involves an increase in sexual drive as well as an increased interest in sex. In terms of the previous studies mentioned, the normal age for a first sexual encounter is approximately 17, although there are statistics indicating that some children participate at a younger age.

Because of this awakening interest in sex, adolescents try to understand what is happening by searching for information about sex. To find this information, adolescents turn to their friends and peers firstly, and then to different types of media. Magazines, movies and television have for a long time been an important source of information about sex, but the introduction of the Internet changed the media landscape.

The topics on which information is most frequently sought relate to sexuality and relationships – pregnancy, contraception, dating, relationships, puberty, sexually transmitted diseases (prevention, symptoms, testing, transmission and treatment) and virginity. It is clear that adolescents turn to the Internet for information about these concerns because it is easier and less embarrassing to access information in this way. In fact, in Namibia it is culturally taboo to openly discuss sexual matters with parents or other adults, which means that children will use the Internet to access the information they need.

Constructing and presenting a sexual identity online

From research conducted on how adolescents construct their sexual identity online, it was found that adolescents discussed a wide range of sexual topics, like abortion, contraceptives and premarital sex. Adolescents also use these digital tools to exchange sexually suggestive content. This includes sexually explicit text messaging and nude or semi-nude personal pictures taken with a cell phone or other camera and sent via text messaging, email or instant messaging. Sexting is a form of digital sexual messaging, which has been defined as the act of "sending nude or semi-nude photos or videos, including sexually suggestive messages through mobile phone texting or instant messaging" (Burton and Mutongwizo 2009).

REASONS FOR SEXTING

- BOREDOM
- MAKING INTIMATE CONTACT WITH THE OPPOSITE SEX
- INFLUENCED BY PEERS
- TO AROUSE THE RECIPIENT
- UNPLANNED OR ACCIDENTAL

Cybersex

Cybersex can be defined very widely to include anything sexual, from viewing pornographic content to online sexual communication between people. Saleh (2014: 71) defines cybersex as "sexual chatting/talking between two or more individuals that may or may not include role playing and masturbatory activities for one or more of them". Originally this involved text-based messages, but now also includes video and voice messages. This would include talking about sex and sexual experiences as well as experimenting with sex on the Internet, using video or webcams to do so.

From a developmental perspective, adolescents are experiencing identification and sexual awakening, which is manifested by increased interest in sex, conversations about sex, and sexual comments and jokes. It is therefore natural that they will be interested in cybersex and become involved in these activities. It will not be known whether cybersex is beneficial or harmful until further research has been conducted, although there is a valid concern about the potential for compulsive or addictive behaviour.

Accessing pornography online

Pornography or sexually explicit material is readily available online with millions of pornography sites on the Internet, and this coincides with an adolescent's interest in sexuality.

However, not all adolescents feel comfortable with pornography. Many exhibit ambivalent feelings about it, and a high number of females and males regard it as degrading. This reaction also depends on whether the contact was unwanted, which can occur, for instance, when they are surfing the Internet or opening a link or an email. A quarter of these respondents said that they were very upset about the exposure (Saleh 2014: 75). It would seem that half of the exposure to online sexually explicit material is accidental.

Since adolescents are at a formative stage of sexual development, it is necessary to examine the possible effects of exposure to sexually explicit material. There are concerns that this could distort an adolescent's view about sexuality, influence their attitudes about sex, shape sexual arousal patterns and create unrealistic expectations. The available research thus far suggests that exposure to sexually explicit material is linked to more permissive attitudes, greater preoccupation with sex and more casual sex exploration.

Accessing sexually violent materials

Here a distinction is made between mainstream pornography and violent and extreme pornography. The latter would include pornography that focuses on non-consensual behaviour, like rape and bestiality. Unfortunately, violent pornography is easily accessible on the Internet, and an Australian report suggests that the use of violent pornography among adolescents is associated with sexually aggressive attitudes and behaviour, and the study concerned has identified the regular consumption of violent and extreme behaviour as a risk factor for boys and young men in the perpetration of sexual assault.

5. Sexting and the adolescent

Sexting is a combination of 'sex' and 'texting', and entails the use of cell phones, smart phones, webcams and other digital technology to take and transmit sexually suggestive and explicit images of oneself. In some definitions it also includes sexually suggestive text messages. The concept of sexting gave rise to a legal and moral panic in the USA, because children who were taking photographs or videos of their own genitals and sharing them were in fact producing, distributing, watching and possessing child pornography (Saleh 2014: 90). There are numerous instances in the USA of children being charged and prosecuted for various crimes relating to the act of texting.

In view of the developmental issues discussed previously, the concept of sexting amongst teenagers has created a major dilemma, i.e. normal sexual development v criminal activity. Saleh (2014: 91) highlights the dangers inherent in this form of communication. Previously teenagers would explore their sexuality in terms of skinny dipping, streaking or flashing, activities which were in the moment, but the use of digital technology has meant that a permanent record of the sexual behaviour is created which can be stored for years.

In addition, there is the problem that sexted images can go viral. For instance, where there has been a break-up between a boyfriend and girlfriend, the former may share intimate photographs with others out of revenge, and these can in turn be passed on to others, causing immense embarrassment, shame and humiliation. In fact, there are even revenge porn sites dedicated to posting sexually explicit photographs of ex-lovers.

Why do minors sext?

There are numerous reasons for adolescents sexting, ranging from the developmental stages they are traversing to the sex-focused culture in which they find themselves.

WHY ADOLESCENTS SEXT

- ACCESS TO TECHNOLOGY
- INCREASED CELL PHONE USE
- DEVELOPMENTAL STAGES
- TEENAGE TENDENCY TOWARDS EXHIBITIONISM AND NARCISSISM
- PREOCCUPATION WITH SEXUAL EXPLORATION
- SEX-FOCUSED CULTURE
- PART OF ROMANTIC RELATIONSHIP
- PEER PRESSURE
- COERCION BY PARTNER
- NEED TO CAUSE HARM OR SHAME FOR REVENGE

6. Online safety risks

Although the online environment offers adolescents potential for positive development, there are a number of safety risks in being online.

ONLINE SAFETY RISKS

- ONLINE SOLICITATION
- ADOLESCENT PROSTITUTION
- CYBERBULLYING
- EXPOSURE TO PROBLEMATIC CONTENT

Online solicitation

There is a concern that by posting sexually suggestive images or providing sexually revealing information, adolescents are exposing themselves to the risk of unwanted solicitation. A number of factors make adolescents more vulnerable to unwarranted sexual solicitations. Since adolescents spend so much time online and are preoccupied with sexual information, they are particularly vulnerable to online solicitation.

An important question is whether these online sexual solicitations result in an offline crime being committed against a child. The majority of identified cases in studies conducted involved adolescents who were aware that they were communicating with older adults who were looking for sex. In addition, most of the adolescents arranged to meet the offender with the expectation of engaging in some sexual activity. An interesting finding in the study was that there was no evidence that online predators were stalking and abducting unsuspecting victims as a result of information posted on websites. The vast majority of cases involved older adolescents who were aware that they were communicating with an adult who wanted to have sex with them. There obviously are cases of adults pretending to be adolescents in order to victimise a child, but these cases seem to be in the minority.

Adolescent prostitution

Adolescent, or juvenile, prostitution is regarded as a form of sexual exploitation of children, and chat rooms and social networking sites provide a very favourable forum for solicitation and victimisation of children. Wells et al. (2012) investigated the role of the Internet in juvenile prostitution, and found that 15% of the Internet prostitution cases involved the use of email, chat rooms and text messages.

Cyberbullying

Since the Internet has provided a new forum for adolescent communication, it follows logically that face-to-face bullying has now also found its way into the digital world, and is known as online harassment or cyberbullying. Although there is no consistent definition, cyberbullying is defined as "an overt intentional act of aggression towards another person online (Ybarra and Mitchell 2004: 1308) or a "willful and repeated harm inflicted through the use of computers, cell phones and other electronic devices (Hinduja and Patchin 2009: 5).

Cyberbullying can either be private, as in the use of text messages, or semi-public, as in the posting of messages on an email list, or public, as in posting information on public websites. Cyberstalking refers to an attempt to harass or control others online, or simply is the same as offline stalking except that it takes place online. The purpose of cyberbullying is to threaten, embarrass or humiliate the victim.

CHILDREN AT GREATER RISK OF BEING BULLIED

- CHILDREN WITH MENTAL HEALTH ISSUES
- CHILDREN WITH DISABILITIES
- LGBTQ + ADOLESCENTS
- ADOLESCENTS STRUGGLING WITH SEXUALITY
- CHILDREN WHO HAVE MOVED TO A NEW SCHOOL
- THOSE CONSIDERED OUTSIDERS
- ADOLESCENTS WHO SPEND A LOT OF TIME ONLINE

Some authorities argue that cyberbullying is simply an online form of face-to-face bullying, while others argue that they differ considerably because of the "widespread messaging capabilities of electronic media" with respect to acts of repetition (Saleh 2014: 141). However, the core elements of bullying can be found in cyberbullying. It is only the methods employed that are different.

The psychological impact of cyberbullying is more traumatic than traditional physical bullying because of the extreme public nature of the bullying. The humiliation is evident for all to see. In addition, the victim has no respite from the bullying because it is not limited to school and can take place at any time wherever the victim is (Badenhorst 2011: 3).

According to Saleh (2014: 143), involvement in bullying has a serious impact on the emotional well-being of both the victim and the bully. Children involved in bullying as victims or as bullies tend to perform poorly at school, and are at an increased risk of developing poor physical health and psychiatric problems, such as anxiety, depression and psychotic disorders later in life. Cyberbullying may result in victims suffering from anxiety and depression, and sometimes even suicide. Bullying and cyberbullying tend to exacerbate instability and feelings of hopelessness for adolescents who are already struggling with stressful situations.

Exposure to problematic content

There are different types of Internet-based content that are problematic for children to view. These include: violent media, pornographic content, hate speech and content depicting self-harm.

PROBLEMATIC CONTENT

- **PORNOGRAPHY**
  - Common
  - From spam, e-mails, mistyping addresses and keyword searches
- **VIOLENT CONTENT**
  - Movies
  - Images
  - Video games
- **OTHER PROBLEMATIC CONTENT**
  - Hate speech
  - Recruitment for offline organisations
  - Self-harm websites promoting self-injury or suicide

7. The impact of being involved in child pornography

The majority of children who appear in child pornography have not been abducted or physically forced, but have rather been manipulated to cooperate, which means that in most cases they know the producer of the material (Gewirtz-Meydan et al. 2018). These victims of online child pornography can experience serious physical, social and psychological harm. In 1989 Silbert (1989) interviewed 100 victims of child pornography about the effects of their exploitation at the time when the abuse occurred and years after the abuse. Victims reported the following effects when the abuse occurred:

- Physical pain (around the genitals)
- Somatic complaints (headaches, loss of appetite, insomnia)
- Feelings of psychological distress (emotional isolation, anxiety, fear)
- Pressure to cooperate and non-disclosure

Victims reported the following effects years later:

- Initial feelings of shame and anxiety intensified to feelings of deep despair, worthlessness and hopelessness

Being photographed intensified the feelings of shame and humiliation experienced by the victims. These findings were supported by other studies of child pornography cases in Sweden, where the children also described feelings of guilt and shame.

The research shows that child pornography exacerbates the trauma experienced by the child, who has undergone the abuse in addition to being photographed or filmed. One of the most difficult aspects of this form of abuse is the lack of control over the ongoing sharing of the abusive images (Canadian Centre for Child Protection 2017). Because of the way in which the images are continually distributed, the abuse does not end for the victim; victims are continually being traumatised when they think about who might be viewing the images online. This makes it difficult for victims to find closure.

Information about the impact of being involved in child pornography is still very limited, but according to the Gewirtz-Mayden et al. (2018) study, the victims experienced the following effects:

- Shame, guilt and humiliation
- Fear that people who saw the images would think that they had been willing participants
- Felt it was their fault that the images were created
- Worried that people who saw the images would recognise them
- Worried that friends would see the images
- Embarrassed about police, social workers and others seeing the images
- Refusal to talk about the images
- Refusal to be photographed or videoed by family or friends

THE ROLE OF THE EDUCATOR

- EDUCATORS SHOULD EQUIP THEMSELVES WITH KNOWLEDGE ABOUT THE WAY ADOLESCENTS USE ONLINE PLATFORMS AND THE DANGERS INVOLVED.
- THIS INFORMATION MUST BE INCLUDED IN CURRICULA SO THAT CHILDREN CAN BE TAUGHT HOW TO PROTECT THEMSELVES ON THESE PLATFORMS.

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Child trafficking

AIMS

- **To explain the concept of trafficking and the methodology employed by traffickers**
- **To distinguish trafficking from smuggling**
- **To examine the root causes of trafficking**
- **To investigate the impact of trafficking on victims**

OUTCOMES

- **The participant will understand what trafficking is and how trafficking operates.**
- **The participant will understand the difference between trafficking and smuggling.**
- **The participant will be aware of the root causes of trafficking.**
- **The participant will be aware of the impact that trafficking has on victims.**

1. **Introduction**
2. **International framework**
3. **Definition of trafficking**
4. **Trafficking vs smuggling**
5. **Root causes of trafficking**
6. **Purposes for which persons may be trafficked**
7. **Trafficking methodology**
8. **Impact of trafficking on victims**

READING LIST

1. Introduction

Trafficking in human beings includes the illegal transport of people for the purposes of exploitation, and is not limited to sexual exploitation but also includes different forms of bonded labour, illegal adoption and organ transplant. The crime of trafficking has become a global phenomenon, described as a modern-day form of slavery. It deprives people of their human rights and freedoms, increases global health risks, and promotes the growth of organised crime (USA 2007: 5). In addition, it has a devastating impact on individual victims, who often suffer physical and emotional abuse, rape, threats of violence against themselves and their families, and even death.

Trafficking is not a new phenomenon, but it appears to have increased in intensity during the last 10 years. Slavery and trafficking in persons, either for sexual exploitation or for labour, has taken place throughout history. The recent increase in trafficking has been attributed to increased globalisation and modern communication techniques.

Trafficking in persons is now considered to be the third-largest source of profits for organised crime, with only drug trafficking and arms dealing being more lucrative (International Organisation of Migration (IOM) 2007: 2). The growth in the trafficking industry is based on the reality that huge profits can be made fairly quickly and the risk of criminal prosecution is usually negligible.

Enticed by promises of well-playing jobs elsewhere, many victims willingly accept the services offered by traffickers, without realising fully what the nature of the future employment entails or the conditions under which they will work. Once in their new environment, they are forced into exploitative situations, such as prostitution, to earn profit for their traffickers. To prevent their escape, they are often threatened, beaten or forced into drug addiction.

2. International framework

The international protocol dealing with trafficking in humans is the *United Nations Protocol to Suppress and Punish Trafficking in Persons, Especially Women and Children* (commonly known as the Palermo Protocol). Implemented in December 2000, the purpose of the Palermo Protocol is:

- to prevent and combat trafficking in persons, with a special focus on women and children;
- to protect and assist victims of trafficking; and
- to promote cooperation amongst State Parties in order to meet these objectives.

Although the protection provisions in the Palermo Protocol are formulated in weak terms, States are still obliged to provide certain protection measures and assistance to victims of trafficking.

3. Definition of trafficking

Although different countries have different definitions for trafficking in their legislation, the international community has agreed on the definition of trafficking in persons found in the Palermo Protocol as a basis. When countries share a common definition for trafficking in persons, offenders will be less likely to exploit legislative gaps or inconsistencies between countries in an attempt to avoid liability (IOM 2007: 24). This is particularly important since trafficking often takes place between different countries.

The Palermo Protocol defines trafficking in persons as follows:

PALERMO PROTOCOL – DEFINITION OF TRAFFICKING IN PERSONS

"Trafficking in persons" shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs."

As can be seen from this definition, the Palermo Protocol recognises a wide range of exploitative purposes and is not confined to sexual exploitation. Although the special focus of the Palermo Protocol was on women and children, the definition is gender-neutral and does not make a distinction between males or females.

Be aware that this definition does not require that the victim crosses the border of a country. This is important, because trafficking often takes place within a country where persons are trafficked from rural areas to urban areas.

In terms of this definition, the crime of trafficking consists of three main elements:

- **THE ACTIVITY (ACTION)**
  - How trafficking is effected
  - Includes recruitment, transportation, transferral, harbouring or receipt of victims
- **THE MEANS**
  - Manner in which activity conducted
  - Threat, force, coercion, fraud, deception, abuse of power
- **THE PURPOSE**
  - Exploitation
  - Includes slavery, prostitution and labour

Consent is a crucial issue in prosecuting cases of trafficking. Consent in the legal context means the informed and voluntary agreement of a person. In order for consent to be valid, it must be given voluntarily and cannot be induced by force, threat, manipulation or intimidation. The person must know what they are consenting to and the consent cannot be induced by fraud or deception.

4. Trafficking v smuggling

Migration means to move from one place or locality to another and, when attributed to humans, involves the crossing of borders, either legally or illegally, for the purposes of survival or in the hope of a better life. Trafficking in humans also involves the movement of persons, often across borders, but it is not the same phenomenon as migration.

Migration is often triggered by war, poverty and unemployment, and is usually motivated by the better economic situations of the destination countries. However, the scope for legal entry into these countries is often very limited, so many migrants turn to illegal options for entry. Human traffickers and smugglers take advantage of this gap and make enormous profits by making illegal entry into a country a possibility.

Smuggling involves the payment of a fee by the smuggled person to secure the latter's illegal entry into a country. The smuggled person wants to enter the country concerned and employs the smuggler to achieve this. The smuggler does not have the intention to exploit or abuse the smuggled person, and the relationship with the smuggled person ends once the illegal entry into the country has been achieved (Musacchio 2004: 1018).

Although both smugglers and traffickers transport people, smugglers do not use force or manipulation to sway the will of the smuggled person. In smuggling, there is no victim. Trafficking, as defined above, involves the transportation or recruitment of persons, using threats, force or inducements in order to exploit the person for the trafficker's gain. However, it should be stressed that the distinction between trafficking in persons and smuggling in persons is not always clear. A case may begin as a smuggling case and then evolve into a trafficking case, where, for instance, the smuggler decides to sell the smuggled person once they have entered the country of destination (South African Law Reform Commission 2006: 27).

5. Root causes of trafficking

Human trafficking is a highly profitable crime that is based upon the principles of supply and demand. There are three elements that ensure the proliferation of this crime:

PROLIFERATION OF TRAFFICKING DUE TO …

- CONTINUOUS SUPPLY OF VICTIMS AVAILABLE
- CONSTANT AND GROWING DEMAND FOR SERVICES OF VICTIMS
- ESTABLISHED TRANSNATIONAL CRIMINAL NETWORKS WITH CAPACITY

Crucial to the success of human trafficking is an available supply of victims. Except for those cases where victims are forcibly abducted, there is a ready supply of victims who are willing to leave their homes in anticipation of a better life (IOM 2007: 29). The range of underlying factors that give rise to the supply of victims are referred to as push-and-pull factors. The IOM (2007: 29) has listed the following as possible push factors, i.e. the factors which contribute to making victims available for trafficking:

PUSH FACTORS

- POVERTY AND FEMINISATION OF POVERTY
- LACK OF EDUCATION
- UNEMPLOYMENT
- GENDER DISCRIMINATION
- DOMESTIC VIOLENCE
- DYSFUNCTIONAL FAMILIES
- IMPACT OF CONFLICT
- LACK OF OPPORTUNITY FOR LEGAL MIGRATION
- LACK OF OPPORTUNITY OR ALTERNATIVES

Generally victims come from a background of poverty where they are unable to improve their position due to a lack of education, which is exacerbated by a lack of employment opportunities in the depressed economies of their countries. However, in certain countries the most at-risk victims are highly educated women who are vulnerable to the lucrative opportunities promised by traffickers because they do not have the possibility of a profitable career in their own countries due to the economic and labour conditions that prevail there (IOM 2007: 29).

These push factors are reinforced by so-called 'pull' factors that attract vulnerable victims into the process.

PULL FACTORS

- ANTICIPATION OF EMPLOYMENT AND GAIN
- ANTICIPATION OF A BETTER LIFESTYLE
- PERCEIVED GLAMOUR OF LIFE IN INDUSTRIALISED COUNTRIES IN MEDIA
- BELIEF THAT IT'S THE ONLY AVAILABLE ALTERNATIVE TO POVERTY
- LACK OF OPPORTUNITY FOR LEGAL MIGRATION
- LACK OF OPPORTUNITY OR ALTERNATIVES

There are also a number of factors in the countries of destination which make trafficking a highly successful enterprise. The most important of these is the increasing demand for the services of trafficked victims for a wide range of exploitative activities. In the sex industry specifically, the demand

for a particular ethnic appearance amongst sex workers influences the market. For instance, a greater demand for Eastern women by clients will force traffickers to seek out these women. A disturbing trend in recent years in the sex industry has been the demand for young girls. This in turn will create a market for young girls to be trafficked.

Finally, the marketability and profitability that can be derived from trafficked victims is greater than that which can be derived from the local population, because victims of trafficking will endure conditions which the local population would not accept.

6. Purposes for which persons may be trafficked

There are various purposes for which persons may be trafficked. These may include, but are not limited to, sexual exploitation, forced labour or slavery, forced marriages, illegal adoptions or the removal of body parts.

- **Trafficking for purposes of sexual exploitation**
  The distinction between children and adults in the context of sex trafficking becomes quite blurred, because many victims are trafficked into the sex industry when they are children and they remain there into adulthood (Shifman and Franzblau 2001: 16). Victims are made to work as strippers, lap dancers and prostitutes, either in brothels or from private venues or even on the street. Sometimes victims are sold as sex slaves to individuals or are forced to take part in pornography.

- **Trafficking for purposes of forced labour, slavery or servitude**
  The global demand for cheap labour contributes to the trafficking of children into various sectors, particularly into the agriculture and manufacturing business. In South Africa, children as young as 6 work on farms in slave-like conditions, these children being cheap and docile (South African Law Reform Commission 2004: 19). Persons are being trafficked for purposes of domestic work and drug couriering.

- **Trafficking for purposes of using body parts**
  This involves the trafficking of persons for their organs for transplant as well as the use of body parts in muti. The limited number of available organs can no longer meet the high demand for organ transplants. This scarcity of organs has led to the trade of human organs on the black market, making it a highly profitable avenue for traffickers.

- **Trafficking for purposes of forced marriages**
  Trafficking in women and girls for the purposes of forced marriages is a world-wide phenomenon. The International Organisation for Migration (2003: 30-40) has revealed, for instance, the trafficking of Mozambican women to South Africa to be sold as wives on the Johannesburg mines.

- **Trafficking for purposes of adoption**
  The adoption of children is usually overseen by government agencies, although there are countries, like Guatamala, where mothers can give their babies directly to a lawyer who arranges the adoptions. Studies have shown that children are being trafficked from countries like Honduras, Ecuador, El Salvador, Venezuela and Guatemala for the purpose of illegal adoptions (Smith and Mattar 2004: 163). However, a new form of trafficking is emerging, which is popularly termed 'baby harvesting'. Public attention has been drawn to its occurrence in parts of Lagos, Abia and Ebonyi States where illegal orphanages lure pregnant young women and teenagers into their homes under the guise of caring for their antenatal needs. While in the orphanages their movements are restricted and when these women and girls deliver, their babies are sold without their consent.

7. Trafficking methodology

In order to understand trafficking methodology, it is necessary to be aware of certain fundamental principles relating to trafficking.

- TRAFFICKING IS CONSTANTLY EVOLVING – BASED ON SUPPLY AND DEMAND
- TRAFFICKING CAN OCCUR BOTH NATIONALLY AND INTERNATIONALLY
- GLOBAL SCALE OF TRAFFICKING CAN RESPOND TO DEMAND ACROSS CONTINENTS

Taking into account these principles, the basic structure of trafficking consists of three phases, namely recruitment, transportation and exploitation.

Recruitment

Methods of recruitment vary in response to client demand and changes in law enforcement tactics. Since traffickers need to minimise the risk factor, they are constantly changing the means and methods of recruitment.

METHODS OF RECRUITMENT

- ABDUCTION OR FORCIBLE RECRUITMENT
- FULLY DECEPTIVE RECRUITMENT
- PARTIALLY DECEPTIVE RECRUITMENT
- GENDER DISCRIMINATION

Transportation

An essential element of trafficking is that the victim must be transported from one place to another, although this does not mean that it has to occur across a national border as many people are transported internally within a country from one place to another.

- ORIGIN
- TRANSIT
- DESTINATION

The place of origin is where the victim is recruited. The victim must then be taken to the destination, which often involves the victim being held in safe houses in transit before being trafficked on to the final destination. This is especially the case where international borders have to be traversed. Sometimes victims have to pass through a number of transit countries before arriving at the destination.

The length of the transit period also varies, depending on the distances that have to be crossed. Victims can also be held for extended periods in the safe houses en route to their destinations. In most instances victims are physically and sexually abused in the course of this stage to gain control over them before they reach the destination.

The method of transport also varies. Victims may be smuggled illegally into a country without any form of identification documents by being concealed in secret compartments in ships or trucks. They may travel in groups with migrants who are being smuggled illegally into a country (IOM 2007: 32).

Exploitation

Exploitation of victims can take a number of forms, and is not limited to the following:

EXPLOITATION

- SEXUAL EXPLOITATION
- FORCED LABOUR
- DOMESTIC SERVITUDE
- STREET BEGGING OR PEDDLING
- FORCED MILITARY SERVICE
- ORGAN REMOVAL

A key element of the exploitation phase is 'debt bondage'. The majority of victims do not have the finances to fund the purchase of their travel documents or the travel tickets that they require to get to their destination. Traffickers exploit this fact and agree to advance the money that the victims may need on the basis that it can be repaid when they earn money in the destination country. This is the so-called 'debt bond' that traffickers use to ensure that victims engage in activities they want them to.

In order for the exploitation phase to be successful, traffickers must be able to control their victims. Although confinement and physical violence would be effective to achieve this purpose, these options are not always practical. For instance, if a victim has to work in the sex industry, it is not always possible to confine her and physical violence may scar her, which may have an impact on her 'sale ability'. For this reason, traffickers prefer to use other methods of controlling victims (IOM 2007: 35).

FORMS OF CONTROL

- DEBT BONDAGE
- ISOLATION
- CONFISCATION OF DOCUMENTS AND MONEY
- BLACKMAIL
- VIOLENCE
- DRUG ADDICTION

In this way it is possible to control victims without having to confine them physically.

8. Impact of trafficking on victims

Trafficking is based on psychological coercion and abuse, and includes intimidation, threats, lies, deception, emotional manipulation and the imposition of unsafe, unpredictable and uncontrollable events. The trafficking process consists of different stages that will have different psychological impacts on the victim of trafficking.

- SURVIVAL MODE
- PHYSICAL EXHAUSTION
- ISOLATION AND COMPLETE DEPENDENCE

The victim of trafficking will experience physical, emotional and sexual abuse. Many of the risks, abuses and health consequences associated with trafficking can occur simultaneously or overlap (IOM 2007: 187). The following is a brief discussion of the impact that trafficking can have on victims.

Emotional abuse

Psychological coercion and abuse are the main features of trafficking in persons, and are the fundamental tactics used to manipulate people and effectively hold them hostage. Tactics used to control victims include: terrorising them to instil a sense of persistent and relentless fear; lying and deceiving them to undermine their trust; and maintaining unpredictable and uncontrollable conditions. The aim of the latter tactic is to destabilise individuals so that they are forced to abandon their previous life strategies in exchange for self-defensive survival strategies. Further tactics include the elimination of decision-making powers to create the belief that their well-being and survival depend on pleasing the perpetrator, and emotional manipulation to maintain control over and intimacy with the victim by manipulating feelings such as dependence, and also by falsely highlighting some of the positives of trafficking, such as being able to send money home to the family (IOM 2007: 190-191).

Consequently, common reactions of the victim to being trafficked include fear, insecurity and anxiety, which are manifested by reluctance to meet people, to go outside or to be alone, difficulty sleeping and nightmares, and difficulty sitting still or concentrating (IOM 2007: 190-191). Victims are distrustful of others as well as of themselves, and have low self-esteem. They often blame themselves for what has happened, and experience feelings of guilt and shame because of what has happened to them. Where sexual exploitation has occurred, this is often exacerbated by the fact that trafficked victims are rejected by their family or community because of the kind of activities that they have been involved in. Victims experience a lot of anger, which they direct towards others as well as to themselves, and which is manifested in their hostility towards others and doing physical harm to themselves (IOM 2007: 192-194).

Victims of trafficking often suffer from memory loss or dissociation, and may be unable to recall details of events. This is caused by physiological and psychological responses to trauma that interfere with one's ability to remember certain events. Skosnik (2000: 59-68) explains that when a person is confronted with danger, physiologically the "fight or flight response" takes over and the brain releases chemicals that inhibit selective attention. During a traumatic episode, a person does not concentrate or observe, but rather becomes hypervigilant, so as to react to the threat which inhibits their capacity to recall events and details at a later stage.

Victims of trafficking become engulfed in feelings of isolation and loneliness, which manifest in sadness, depression and disengagement from others. They also often exhibit elements of either dependence and subservience or defensiveness that result in inability or reluctance to make decisions or to assert themselves, as opposed to reluctance to accept assistance or advice (IOM 2007: 192-194).

Health issues

Sexual and reproductive health problems include:

- Sexually Transmitted Diseases;
- HIV; and
- Pregnancy.

Hygiene and sanitation

Health conditions associated with poor hygiene and sanitation may be found among trafficked persons, due to either poverty and unsanitary housing or limitations imposed on them with respect to their hygiene. Trafficked victims may suffer from:

- LICE
- INFECTIONS LIKE SCABIES
- GASTRO-INTESTINAL DISEASES AND PARASITES
- MALARIA OR YELLOW FEVER
- TUBERCULOSIS

Substance abuse and dependency

Victims of trafficking are usually exposed to or forced into substance abuse. Drugs are used in the recruitment, transportation and exploitation stages of trafficking, because they make victims more compliant and create a dependency that can be controlled by the trafficker. Initially these substances may be taken voluntarily or involuntarily, but may finally be used by victims to cope with the trauma that they are experiencing.

Nutrition, injuries and other medical issues

Malnutrition is a common problem among trafficked persons, as they are usually denied access to proper nutrition, often experience exhausting labour and sexual exploitation, and are usually involved in substance abuse. In children, malnutrition can lead to developmental disorders, illnesses as well as skin and dental problems (IOM 2007: 237).

Effects of child abuse

Abuse and chronic stress affect a child physically, impede learning, and retard growth and psychological development (World Health Organization 2003). Children who are trafficked are persistently subjected to a dangerous and threatening environment. To accommodate this, children and adolescents develop a personality that is geared towards survival, but which cannot cope with normal, non-threatening situations (IOM 2007: 211).

Children who are abused are often driven to form relationships and develop trust with caretakers who are dangerous (WHO 1997). Children tend to assume that adults know best, and will therefore accept the blame for whatever happens. The effects of abuse can be characterised as loss of attachment, reduced self-esteem, highly sexualised or highly aggressive behaviour, substance use, dissociation, self-injury and other dysfunctional ways of dealing with stress and anxiety (WHO 1997).

It is also important to note that children who are trafficked often come from environments which are violent and physically or psychologically dysfunctional. This means that the abuse that occurs within the trafficking scenario will serve to confirm the child's negative and destructive perceptions of the world. There is empirical evidence that a significant proportion of children who are trafficked come from a dysfunctional family environment, such as an abusive home, or a single-parent household following divorce, separation or the death of a parent, or an orphanage or public facility for children, or a refugee centre, or the streets, where they went to live after running away from home (IOM 2007: 211-212).

Sexual abuse of children has both immediate and long-term adverse health consequences, including sexually transmitted diseases, injuries to genitals, future risk-taking and substance abuse, difficulty developing healthy sexual relationships, depression and suicide (IOM 2007: 212). In addition, adolescents are developing concepts of sexuality and gender, and a violent and coercive introduction to sex will establish harmful patterns for future relationships and practices (WHO 2003a).

THE ROLE OF THE EDUCATOR

- EDUCATORS SHOULD BE AWARE OF THE WAY THAT TRAFFICKING HAPPENS, SO THAT THEY ARE AWARE OF ANY POSSIBLE RISK FACTORS FOR LEARNERS IN THEIR CLASSES.
- EDUCATORS SHOULD INCLUDE INFORMATION ON TRAFFICKING IN CURRICULA TO EMPOWER CHILDREN WITH KNOWLEDGE AND CONTRIBUTE TO PREVENTION.

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PART 4

THE CHILD IN THE JUDICIAL PROCESS



An introduction to the legal process 92
Preparing children for court 99
The role of the educator in child abuse cases 103

An introduction to the legal process

AIMS

- **To provide a general introduction to the criminal justice system**
- **To identify and explain the components of the criminal justice system**
- **To provide a basic introduction to the procedure followed in a trial**

OUTCOMES

- **The participant will have a basic understanding of the criminal justice process.**
- **The participant will be able to identify and explain the components of the criminal justice system.**
- **The participant will have a basic understanding of the procedure followed in a criminal trial.**

1. **Introduction**
2. **Criminal justice system**
3. **Police**
4. **Court**
5. **Correctional services**
6. **Trial**
7. **Plea of not guilty**
8. **Plea of guilty**
9. **Accommodations for children**

READING LIST

1. Introduction

A basic knowledge of the criminal justice system is essential for any person working within this system, so that they are able to understand the processes and navigate their way through the system. This knowledge is important for the following reasons:

- To assist officers to perform their own tasks effectively by understanding the system in which they work
- To enable officers to guide young witnesses through the system
- To enable officers to answer questions that the children or their parents may have about the legal process

The purpose of this section is to provide a brief introduction to the legal process, with special emphasis on those areas which are relevant to the child.

2. Criminal justice system

The criminal justice system is comprised of three main components, with each component performing tasks specific to its particular mandate.

CRIMINAL JUSTICE SYSTEM

- POLICE (INVESTIGATION)
- COURTS (TRIAL AND DECISION)
- PRISONS (ENFORCEMENT OF PUNISHMENT)

While the police will be responsible for the investigation of a case, the courts will focus on the trial and determination of guilt or innocence, and the prisons will be responsible for carrying out the punishment imposed by the courts.

3. Police

The police are involved in the initial stages of a case. When a crime has been committed or is suspected, the police are informed. This initial complaint can be made by anybody. In child abuse cases, this is usually done by a parent or by somebody to whom the child has disclosed. The police will then open a docket and begin an investigation. The manner in which the complaint is laid will affect the way that the investigation is conducted. For instance, if there has been a violent rape, depending on the time and area, the ordinary police stationed at a police charge office will open a docket and then refer this to a specialised unit. Many police departments have specialised units that deal with specific issues, such as commercial crime, domestic violence and sexual crimes. In Namibia, matters relating to sexual crimes against children are dealt with by the Gender Based Violence Protection Unit (GBVPU).

If a complaint is made and it is not an emergency situation, the matter will be referred straight to the specialised unit, which will undertake the matter from the beginning. These procedures vary from town to town, depending on whether there are specialised care centres or one-stop centres available. Once a case has been opened, an investigating officer will be appointed to the case, and this person will then interview the child victim. The manner in which this interview is conducted will vary, depending on the training of the officer concerned and the facilities available.

Some police stations, especially those in urban areas, are equipped with better facilities and may even have specially allocated interview rooms. In some areas, the investigating officers use social workers to interview the children, but generally it is the investigating officers themselves who will conduct the interview.

The purpose of the police interview is to take a statement from the child, which will then form part of the docket. This statement will at a later stage be made available to the defence, and is often introduced at the trial. It is the introduction of this statement at the trial that creates so many problems for the child:

STATEMENTS CAUSE DIFFICULTIES FOR CHILDREN IN COURT

- DON'T UNDERSTAND THE TERM `STATEMENT'
- MEMORY FADES
- INCOMPLETE DISCLOSURE
- CHILD'S STORY PARAPHRASED
- CHILD'S TERMINOLOGY CHANGED
- LACK OF DETAIL AND VAGUENESS

Once the child's statement has been taken, the police will investigate the allegation. The investigation will include taking statements from other possible witnesses in the case, and organising for the child to undergo the medical examination, if this is deemed necessary. The majority of children do not have medical examinations, because disclosure often happens many months after the alleged assault, and a medical examination would not contribute any further evidence. Medical examinations are conducted only where there is a possibility that medico-legal evidence will be found.

However, it is important to be aware that some of the children might have undergone a medical examination, and that this experience can be very traumatic for any victim of sexual abuse. Parents will be particularly interested in the medical examination, i.e. why their child did not have one or what it was for, etc. Officers should be able to respond to these questions accurately.

The arrest of the accused can take place at any stage of the investigation. If there is sufficient evidence at the time of the initial complaint being made, then the police will arrest the accused immediately. This is usually the case where there has been a violent rape, or where the incident is reported immediately after it has happened and the police are aware of the identity of the perpetrator. Where the disclosure comes many months down the line, the police may first investigate the case before making the arrest.

Where the accused has been arrested, the accused must appear in court within 48 hours of being arrested. It is at this stage that the question of bail will be decided. The Constitution of Namibia guarantees that all persons charged with a criminal offence shall be presumed innocent until proven guilty (Article 12), and that no person shall be subject to arbitrary detention (Article 11). In practical terms this means that accused persons should normally be free to live in the community and continue their lives until the trial is finished. Keeping accused persons in jail before the trial is a harsh measure that should not be used except in situations where they may run away, interfere with witnesses or be a danger to other people. In cases of rape, the accused must convince the court that they should be released. In the most serious cases of rape, such as gang rape or the rape of a child, the accused must show that there are exceptional circumstances which warrant their release.

At the first court appearance, the case will be postponed, usually for further investigation. A case can be postponed a number of times, depending on the investigation that needs to be done before a trial date is set. When the investigation has been completed, the prosecutor will set a date for trial. It is the investigating officer's job then to subpoena all the witnesses so that they are at court on the day of the trial.

ROLE OF THE POLICE

- LISTEN TO COMPLAINT
- OPEN DOCKET
- TAKE STATEMENT FROM COMPLAINANT
- ORGANISE MEDICAL EXAMINATION
- ARREST THE ACCUSED
- STATEMENTS FROM OTHER WITNESSES
- INVESTIGATION
- SUBPOENA WITNESSES

4. Court

The prosecutor's first introduction to the case will be via the docket. The prosecutor will receive the docket and monitor the investigation. For instance, if there are certain aspects that have not been investigated, they will then instruct the investigating officer to do so.

When preparing for the case, some prosecutors may organise to consult with the child before the trial, while others will meet the child only on the morning of the trial. This will depend on the time and infrastructure available to the prosecutor, as well as the details of the particular case and the distance that the child has to travel to be at court. For instance, if the victim in the case is only three years old and very withdrawn, the prosecutor may decide to meet the child on a number of occasions before the trial.

A typical consultation will take place in the prosecutor's office. In some areas, prosecutors do not have their own offices, in which case they consult wherever they can find a place.

PURPOSE OF CONSULTATION

- TO FIND OUT WHAT THE CHILD SAYS HAPPENED
- TO UNDERSTAND THE DYNAMICS OF THE PARTICULAR CASE

The prosecutor will have to lead the child's evidence in court, and for that reason will need to know exactly what the child has to say. The prosecutor will also at this stage check whether the child's story corresponds with the statement made earlier by the child. Also, the prosecutor has to draw up the charge sheet, and therefore has to check the details of what happened to make sure that the charge is correct. The charge is a formal declaration of what the accused is alleged to have done.

When the consultation is complete, the child will have to wait until called to testify. A witness who has to testify may not wait in the courtroom, so the child must wait elsewhere – in a special waiting room, if there is one, or in the passage outside the courtroom, or sometimes even in the prosecutor's office. A child witness is not allowed to be in the courtroom when other witnesses are testifying. If the accused is not in custody, they will in all likelihood also be waiting in the passage outside the courtroom.

The trial will then take place, with all the witnesses testifying, one after the other. This can take anything from one day or a couple of days to weeks or months. Postponements can occur in the middle of a trial, if witnesses aren't available or if the court role is already booked up.

If the accused is acquitted, then the process ends there. If the accused is convicted, they will be sentenced. The sentencing of the accused is like a mini-trial. The prosecution gets an opportunity to call witnesses in aggravation of sentence, and then the defence gets an opportunity to call witnesses in extenuation. In some cases, witnesses may be recalled in the sentencing phase to testify about the effect that the crime has had on their lives, which means that they testify twice. After taking all factors into consideration, the presiding officer will decide on the sentence to be imposed.

5. Correctional service

If any sentence of imprisonment has been imposed, then it is obviously necessary that this punishment is enforced. This is where correctional service comes into play. An accused who is sentenced to a term of imprisonment will be transferred to a prison, and will fall under the responsibility of the correctional service. Sentences of community service will be monitored by the correctional service, and issues of parole and the parole board all fall under the correctional service's control.

6. Trial procedure

There is a set procedure that has to be followed in every criminal case. This can be described in the following very simplistic terms:

TRIAL PROCEDURE

- CHARGE READ TO ACCUSED
- ACCUSED PLEADS
- STATE ADDRESSES COURT
- STATE CALLS WITNESSES
- DEFENCE CROSS-EXAMINES WITNESSES
- STATE CLOSES CASE
- DEFENCE ADDRESSES COURT
- DEFENCE CALLS WITNESSES
- STATE CROSS-EXAMINES WITNESSES
- DEFENCE CLOSES CASE
- PARTIES ADDRESS COURT
- COURT GIVES VERDICT
- SENTENCING IF CONVICTED

For ease of understanding, the steps in this procedure are outlined below, first for a plea of not guilty and then for a plea of guilty.

7. Plea of not guilty

Reading of charge

A criminal trial begins when the prosecutor reads the charge that is being made against the accused to the court. The purpose of this reading is to inform the accused of the allegations against them as well as to provide the magistrate with details of the charge. The charge will set out what the accused is alleged to have done.

Accused pleads

Once the charge has been read, the accused is given an opportunity to plead. The accused has two options: guilty or not guilty. If the choice is guilty, the accused will be asked if they wish to make a statement, outlining the basis of the defence. The accused does not have to make such a statement and can choose to be silent. A statement could perhaps be that the accused pleads not guilty to the charge of rape, but admits that sexual intercourse took place, although it is alleged that this was with the full consent of the complainant.

State addresses the court

Once the accused has pleaded not guilty, it is the turn of the prosecution to present their evidence. The prosecutor will begin by addressing the court. This basically means that the prosecution will tell the court what they plan to do, i.e. that they intend to prove that the accused committed the rape and that they will call the following witnesses to prove this.

State calls witnesses

The prosecutor then calls the first witness. The witness must take the oath before being allowed to testify. The prosecutor will then lead the witness's evidence. This is done by asking the witness questions so that the presiding officer can hear everything that happened. In cases of sexual assault, the questions are very intimate and very personal. The reason for this relates to the elements of the crime. For instance, in cases of sexual violence, the prosecution will have to prove certain intimate details and will require detailed information about the sexual assault. So, the prosecutor will have to get the witness to tell the

court this information. When the prosecutor has placed all the evidence of the witness before the court, they will stop asking questions and sit down.

Defence cross-examines witnesses

It is now the turn of the accused or their legal representative to ask the witness questions. This is known as cross-examination, the purpose of which is to test the truth of the witness's version.

Re-examination by State

When the defence is finished asking questions, the prosecutor has a turn again to clear up any problems that may have arisen in cross-examination. No new evidence is introduced at this stage. Thereafter the witness is finished and can leave. The prosecutor will then call the next witness and repeat the process. When the prosecution has called all of their witnesses, they will inform the court and close their case.

Defence case

The defence then have a turn to present their case to the court. They have an opportunity to address the court and lay the basis of their defence.

Defence calls witnesses

The accused has a right to call witnesses, and also has the right to testify if they wish. The accused cannot be forced to testify, but if they choose to do so, then they must be cross-examined by the prosecution. The same procedure is followed as with the prosecution, except that the parties are now reversed. So the defence will call their witnesses and lead their evidence.

State cross-examines witnesses

The prosecution will then cross-examine the witnesses to raise doubt in the defence's case.

Re-examination by the defence

The defence now has an opportunity to clear up any confusion that may have arisen during the re-examination. Thereafter the defence will close their case.

Closing arguments

The prosecutor and the defence lawyer each have an opportunity to address the court on whether the accused should be convicted or acquitted. In addressing the court, the prosecutor will usually argue that the accused should be found guilty, whereas the defence will argue that the accused should be found not guilty (i.e. acquitted), and will spell out the reasons.

Verdict

The presiding officer must then make a decision as to whether the accused is going to be convicted or acquitted, and must give reasons for so doing. This is known as a judgement. If the accused is acquitted, they will be released immediately and the trial is over. If the accused is found guilty, they will have to be sentenced.

Sentencing

The sentencing procedure can be likened to a mini trial. Each party has an opportunity to call witnesses and lead evidence about an appropriate sentence. The prosecution will usually argue that the accused should be given a heavier sentence, and will call witnesses to justify this. The defence, on the other hand, will argue that the accused should be given a more lenient sentence, and will call witnesses to justify this. The presiding officer, having heard both sides of the story, will then have to impose an appropriate sentence, which can vary from a fine to direct imprisonment.

8. Plea of guilty

When the accused pleads guilty, there is no need for a trial. The prosecutor will read the charge to the court, and the accused will be given an opportunity to plead. If the accused pleads guilty, the prosecutor no longer has anything to prove. The presiding officer will take over the proceedings and ask the accused questions to make sure that they are in fact guilty. If the presiding officer is satisfied that the accused is guilty in terms of the elements of the crime, the latter will be found guilty. Thereafter, the proceedings will go straight to the sentencing phase, and the presiding officer will have to impose an appropriate sentence.

9. Accommodations for children

Section 158A of the Criminal Procedure Act 51 of 1977 provides for certain accommodations for children and other vulnerable witnesses. The court has the discretion to make an order that special arrangements be made for the child to testify. These include:

- the relocation of the trial to another location while the child's evidence is being heard;
- the rearrangement of the furniture in the courtroom;
- the removal from or addition of certain furniture to or from the courtroom;
- a support person to accompany the child while the latter testifies;
- allowing the child to testify behind a screen or in another room which is connected to the courtroom by means of closed-circuit television or one-way mirror; and
- any other steps which in the opinion of the court are expedient and desirable in order to facilitate the giving of evidence by the child.

The support person is allowed to stand or sit near the witness and to give such physical comfort to the witness as may be desirable, and is allowed to inform the presiding officer that the witness is experiencing undue distress. The support person, however, is not allowed to assist the child with the answering of a question.

THE ROLE OF THE EDUCATOR

- EDUCATORS SHOULD FAMILIARISE THEMSELVES WITH INFORMATION ABOUT THE LEGAL PROCESS SO THAT THEY WILL FEEL EMPOWERED SHOULD THEY EVER HAVE TO TESTIFY.
- EDUCATORS SHOULD HAVE THE NECESSARY KNOWLEDGE ABOUT THE COURT PROCESS TO INCLUDE THIS MATERIAL IN LIFE SKILLS PROGRAMMES FOR LEARNERS.
- EDUCATORS SHOULD HAVE THE NECESSARY KNOWLEDGE TO BE ABLE TO ANSWER ANY QUESTIONS THAT CHILDREN MAY HAVE, INCLUDING CHILDREN WHO MAY BE POTENTIAL WITNESSES.

READING LIST

- Criminal Procedure Act 51 of 1977. http://www.lac.org.na/laws/annoSA/CRIMINAL%20LAW%20AND%20PROCEDURE%20(1977)%20-%20Criminal%20Procedure%20Act%2051%20of%201977%20(annotated).pdf.

Preparing children for court

AIMS

- **To provide information on the need for and objectives of court preparation for child witnesses**
- **To provide information on what court preparation for child witnesses involves**

OUTCOMES

- **The participant will understand the need for and objectives of court preparation.**
- **The participant will know what court preparation involves.**

1. **What is court preparation?**
2. **The need for court preparation**
3. **Objectives of a court preparation programme**
4. **The scope of court preparation**
5. **Location**
6. **Contents of court preparation programmes**
7. **Issues relating to implementation**

READING LIST

1. What is court preparation?

Court preparation is a life-skills approach used to empower child witnesses by providing them with the necessary skills and knowledge to perform their task as witness effectively. Although court preparation is offered in certain areas in Namibia, this service is not uniformly available across the country. For this reason, it is important that educators include this kind of information in their curricula as part of life skills so that children are equipped with the necessary knowledge.

COURT PREPARATION

- ENCOURAGES CHILDREN TO REVEAL THEIR FEARS ABOUT COURT
- HELPS CHILDREN TO UNDERSTAND THE LEGAL PROCESS
- HELPS CHILDREN TO UNDERSTAND THEIR ROLE

2. The need for court preparation

The judicial system demands a prompt, clear and consistent report of a recognisable crime, from an effective witness. Children, however, do not have the skills and knowledge to fulfil these expectations. This is further exacerbated by the fact that children have gross misconceptions about the legal system and its role-players. These misconceptions give rise to fears, and fear can interfere with memory

processes due to heightened levels of stress and anxiety. Child witnesses therefore require preparation to empower them to cope with their participation in the legal system and to be more effective witnesses.

3. Objectives of a court preparation programme

On examining some of the existing child witness preparation programmes, the objectives of court preparation are primarily to:

- demystify the courtroom through education; and
- reduce the fear and anxiety related to testifying through stress reduction.

Some opponents of court preparation have argued that court preparation has the potential to contaminate the child's testimony because of non-neutral programme content, and would thus give rise to cross-examination around the child's participation in a court preparation programme, and issues relating to the possibility of disclosures taking place during the programme, which may result in harsher cross-examination and lower perceptions of the child's credibility. It is believed that only through the standardised training of programme facilitators, as well as the use of researched and monitored programmes, will these disadvantages be eliminated.

4. The scope of court preparation

Researchers argue that there is a need to prepare children for the entire spectrum of the legal process.

SCOPE OF COURT PREPARATION

- ASSESSING THE CHILD'S NEEDS FOR COURT
- HELPING CHILDREN TO UNDERSTAND THE COURT PROCESS
- HELPING CHILDREN TO UNDERSTAND THE ROLES OF PARTICIPANTS
- HELPING CHILDREN TO UNDERSTAND THEIR OWN ROLE
- ORGANISING A COURT VISIT
- PROVISION OF STRESS REDUCTION AND ANXIETY MANAGEMENT TECHNIQUES
- INVOLVING THE CHILD'S PARENT/CAREGIVER
- KEEPING THE CHILD AND PARENT/CAREGIVER INFORMED
- ASSISTING WITH PRACTICAL ARRANGMENTS
- ACCOMPANYING THE CHILD ON THE DAY
- DEBRIEFING THE CHILD AFTER TRIAL

Preparing the child for involvement throughout the legal process ensures that the quality and quantity of the information that the child gives during investigation as well as testimony are optimal. It also ensures that the ambiguity of the events to come, and the related anxiety associated with them, are reduced.

5. Location

A wide range of locations can be used for child witness preparation programmes. On examining existing international programmes, the location of the programme is very dependent on the availability of facilities.

Therefore, programmes can take place in just about any location, including a courtroom, police station or office of an organisation. In fact, this information can and should be included in curricula as part of life skills.

6. Content of court preparation programmes

Simply providing children with some legal knowledge and giving them a tour of the courtroom is not considered sufficient to reduce their stress and improve the quality of their testimony. The preparation process aims to provide the child witness with basic information about the judicial process and its role-players. More specifically, it provides information about legal terminology, personnel and procedure, stress reduction techniques and skills to empower the child.

INFORMATION TO BE INCLUDED IN A COURT PREPARATION PROGRAMME

- WHAT IS A CHILD WITNESS?
- WHY DO PEOPLE GO TO COURT?
- WHAT DO COURTS LOOK LIKE?
- WHO IS WHO IN COURT?
- WHAT HAPPENS IN COURT AND AT THE TRIAL?
- WHAT IS GUILTY OR NOT GUILTY?
- WHAT IS AN OATH?
- WHAT SKILLS DO I NEED FOR CROSS-EXAMINATION?
- INFORMATION ABOUT THINGS THAT CAN HAPPEN IN COURT
- EMPOWERING THE CHILD
- COURT VISITS

7. Issues relating to implementation

Does preparation amount to coaching?

Research shows that there is a real concern among practitioners that 'preparing' may be tantamount to 'coaching'. For this reason it is extremely important that the specifics of the child's case are not discussed during the programme.

Who does the preparation?

It is recommended that the preparation be done by individuals who are familiar with current research relating to child witnesses and child abuse case law, the demands of the criminal justice system, and the needs of child witnesses. Others argue that the person who prepares the child for court should be more than an instructor. In fact, they argue that this preparation facilitator should become the child's support person.

Individual versus group preparation

There is some debate as to whether preparation should take place in a group or on an individual basis. The argument for the group approach points to the support that children gain from being with other witnesses. The group process reinforces the child's realisation that their experience is not unique or rare,

thereby minimising the child's feelings of stigmatisation. On the other hand, those who support an individual approach believe that the programme must be shaped to the educational and emotional needs of the individual child. Individual help, therefore, allows the practitioner to evaluate the child's abilities and limitations, and the information can be passed on to the prosecutor. A combination of both approaches may be the most effective.

Training

Child witness preparation should be seen as a specialised area of practice by those involved, and training should be conducted to ensure that facilitators are aware of the legal issues related to court preparation as well as the knowledge required to work with children in developmentally appropriate ways.

THE ROLE OF THE EDUCATOR

- EDUCATORS SHOULD INCLUDE INFORMATION ON COURT PROCESSES IN CURRICULA TO EMPOWER CHILDREN WITH KNOWLEDGE.

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The role of the educator in child abuse cases

AIMS

- To provide information about the factors that put children at risk of abuse
- To provide information and statistics on the sexual abuse of children by educators
- To provide educators with information on the role they have to play when a child is abused

OUTCOMES

- The participant will be able to identify children who are potentially at risk of abuse.
- The participant will have an understanding of the dynamics of sexual abuse in schools.
- The participant will be able to respond in a legally more effective manner to children who have been abused.

1. Factors that put children at risk of abuse
2. Educators and sexual abuse of children
3. The role of the educator in child abuse cases
4. Guidelines for educators when dealing with child abuse

1. Factors that put children at risk of abuse

One of the key elements of sex offending relates to the vulnerability of the victim. Sex offenders target children who are vulnerable. It is therefore important to identify what causes children to become vulnerable to sex abuse. Certain characteristics have been found to increase the risk of abuse, and are known as risk factors. The assessment of risk factors enables professionals to identify children who are at a high risk of child abuse.

A combination of individual, relational, community and societal factors contribute to the risk of child abuse and neglect. There are a number of risk factors that have been identified, which place children at heightened risk of sexual abuse.



RISK FACTORS

- AGE OF CHILD
- SLEEPING DENSITY
- FAMILY AND HOUSEHOLD STRUCTURE
- VIOLENCE IN THE HOME
- HARSH PARENTING
- PARENTAL MENTAL ILLNESS, INCLUDING DEPRESSION
- SUBSTANCE ABUSE BY PARENTS
- CHILDREN WITH DISABILITIES
- SINGLE PARENTHOOD
- NON-BIOLOGICAL TRANSIENT CAREGIVERS IN THE HOME
- COMMUNITY RISK FACTORS

At the other end of the scale, there are also factors which buffer children from being abused or neglected, referred to as protective factors. Protective factors have not been studied as extensively as risk factors, but scientific evidence has supported the following protective factors:

PROTECTIVE FACTORS

- SUPPORTIVE FAMILY ENVIRONMENT
- NURTURING PARENTING SKILLS
- STABLE FAMILY RELATIONSHIPS
- HOUSEHOLD RULES AND CHILD MONITORING
- PARENTAL EMPLOYMENT
- ADEQUATE HOUSING
- DEFENCE ADDRESSES COURT
- ACCESS TO HEALTHCARE AND SOCIAL SERVICES
- CARING ADULTS OUTSIDE FAMILY WHO CAN SERVE AS ROLE MODELS OR MENTORS
- COMMUNITIES THAT SUPPORT PARENTS AND TAKE RESPONSIBILITY FOR PREVENTING ABUSE

2. Educators and sexual abuse of children

As mentioned earlier, sexual violence by educators against participants (learners) in South African schools is widespread and well known (Centre for Applied Legal Studies 2014), and has even been described as permeating the whole of the South African education system. Human Rights Watch released a report in 2001 conveying their finding that educators and learners had subjected female learners to rape, sexual assault, offers of better grades or money in exchange for sexual favours, and even so-called "dating" relationships. The South African Human Rights Commission noted in 2006 that sexual violence, including abuse perpetrated by educators, "was one of the most prevalent forms of violence identified in its hearings on violence in schools." In 2011 the UN Committee on the Elimination of Discrimination against Women expressed grave concern about the high number of girls who suffer sexual abuse and harassment in school by both teachers and classmates, as well as the high numbers of girls who suffer sexual violence while on their way to or from school.

The following factors have been identified as contributing to the violence in schools:

- Educators lack awareness of the processes that are meant to deal with sexual violence.
- Schools are reluctant to take action against educators who abuse learners.
- Regional offices of the Ministry of Education plead ignorance as to how to respond to sexual violence in schools.
- Educators' backgrounds are not screened prior to employment, which means that abusers are able to re-enter schools again and again.
- The absence of meaningful consequences perpetuates the violence.

3. The role of the educator in child abuse cases

Educators play a crucial role in intervening in child sexual abuse. They occupy a position where they spend long periods of time with children on a daily basis, which puts them in a position to notice changes in the behaviour of children or even the presence of injuries. For instance, there was a report of a student teacher who noticed a child walking with difficulty at school, only to discover that the child had been raped on the way to school. Statistics show that children often disclose abuse to teachers with whom they have developed a good relationship. In addition, there are a number of laws which make it compulsory for educators to report any case of child abuse or suspected child abuse. And since research has shown that there is a high risk of children being sexually abused at school by both peers and teachers as well as on the way to and back from the school, educators are in a pivotal position to identify and assist victims.

4. Guidelines for educators when dealing with child abuse

A. Do not force children to disclose. Educators may be suspicious that a particular child has been abused. In this situation it would be best to open communication channels and develop rapport with the child in an attempt to provide the right environment for the child to disclose.

B. If an educator has suspicions that a particular child has been abused or is being abused, the educator should keep notes of their suspicions, including changes in the child's behaviour. These observations should be dated as they can be of assistance should this matter go to court at a later date.

C. Remember that sexual abuse of children is a criminal offence and can give rise to a criminal case, and it is very important that educators remember that they should not interfere with the police investigation. The child's story will become evidence in the case and should not be contaminated in any way.

D. When a child discloses abuse, it is irrelevant whether the educator believes the child or not. This is particularly difficult where the child accuses a fellow educator or student, and the educator finds the accusation hard to believe. It is not for the educator to decide whether a child is telling the truth or not; this is the role of the court. It is very difficult for children to disclose abuse, and their disclosures are often met with disbelief. Children simply need to know that they are being listened to and are being taken seriously. Educators need to listen, be empathic and offer support.

E. Educators must not confront the perpetrator. This could seriously hamper the investigation and even place the child in danger.

F. Educators must report any disclosures or suspicions to principals who are then required to contact the appropriate agencies who deal with investigating child sexual abuse, like the police or social workers in the employ of the Ministry of Gender Equality and Child Welfare or the Ministry of Health and Social Services.

G. Educators must not lie to the children. They will have to explain that they will have to report the matter, all the while reassuring the child that telling about the abuse was important, and that they will find someone to help the child.

H. Educators should reassure the child that the abuse is not their fault. Most children feel guilty about abuse and believe that they have contributed to the abuse in some way, and that they should have been able to prevent the abuse from happening.

I. Educators can ensure that children receive a referral to an organisation that can provide follow-up assistance for the child.

YOU CAN SPEND A LIFETIME TRYING TO FORGET A FEW MINUTES OF YOUR CHILDHOOD.
NO MORE VIOLENCE IN NAMIBIA'S SCHOOLS!



Namibia's National Protection Referral Network



Entry Point

- Child Helpline (116)
- Community
- Community support groups
- Counsellor
- Community facilitator
- School principal
- School counsellor
- Sports coach
- Teacher
- Caregiver
- Family
- Community member
- Hospital / Clinic
- Immigration official
- Labour inspector
- Youth officer
- Social worker
- Traditional Authority / traditional leader
- Religious leader
- Police

All sexual offences are referred directly to the Police/GBVPU* for medical examination and police intervention.

* Gender-Based Violence Protection Unit.

At entry point, only crisis advice/debriefing and emergency transportation (i.e. no in-depth counselling or interrogation)

- Child Helpline (116)
- School counsellor
- Community counsellor
- Social worker
- Shelter caretaker
- Youth leader
- Religious leader



Support Services

Police / GBVPU

Criminal investigation

Doctor

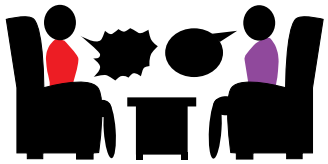
- Medical examination
- Treatment
- Emergency drugs

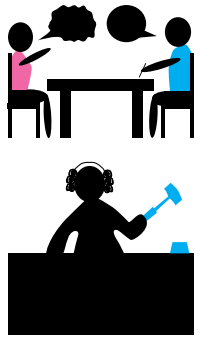
Social Worker

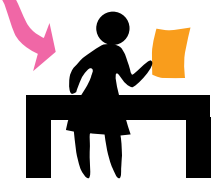
- Casework
- Alternative care
- Diversion
- Child witness support
- Court preparation

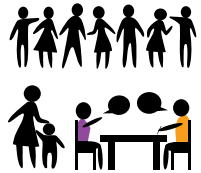
Counselling Services

- LifeLine/ChildLine
- Phillipi Trust Namibia
- Private practitioners
- Church leaders
- Many other NGOs offer counselling









Legal Services

Prosecutor

- Consultations
- Leading evidence

Presiding Officer (Judge / Magistrate)

- Judgement
- Sentencing

Social Services

Civil Registration

- Birth and death registration (MHAI)
- Grants (MGECW)

Aftercare

- Community support
- Rehabilitation
- Reconstruction
- After-trial services (alternative care etc.)

Ministry of Gender Equality and Child Welfare

Nictus Building,
Independence Avenue
Private Bag 13359,
Windhoek, Namibia
Telephone: 061-2833111
Fax: 061-229569 or 061-238941
Email and Website:
genderequality@mgecw.gov.na
www.namchild.gov.na

unicef
unite for children

Produced by the Child Care and Protection Committee with support from UNICEF

A PDF of this poster is available on the Ministry's website: www.namchild.gov.na



Ongoing Services

Shelter / Place of safety
Counselling services and psychosocial support
Case tracking and case management
Legal support and advice
Child witness support and court preparation



Emergency contact numbers in Namibia

These local emergency numbers should be prominently displayed on the school premises.

Town	Code	Police	Ambulance	Fire Brigade
Arandis	064	10111	510022	510171
Aranos	063	10111	272027	272051
Bethanie	063	283001	283026	
Gibeon	063	251003	251026	
Gobabis	062	10111	566200	566666
Gochas	063	10111	250020	250019
Grootfontein	067	10111	248152	243101
Henties Bay	064	10111	500020	502000
Kalkfeld	067	290003	290003	290062
Kalkrand	063	264015	264072	264005
Kamanjab	067	10111	313250	330051
Karasburg	063	270009	270167	270032
Karibib	064	10111	550073	530067
Katima Mulilo	066	10111	251400	253599
Keetmanshoop	063	10111	223388	221211
Khorixas	067	10111	331064	331057
Leonardville	062	569103	566200	569115
Lüderitz	063	202255	202446	202255
Malthahöhe	063	293005	293025	293048
Mariental	063	10111	24 2331	240879
Noordoewer	063	10111	297109	
Okahandja	062	10111	503030	501052
Okakarara	067	10111	317004	10111
Omaruru	064	10111	570037	570028
Ombalantu	065	251850	251021	251028
Omitara	062	10111	(061) 2039111	540231
Ondangwa	065	10111	240111	
Opuwo	065	273041	273026	
Oranjemund	063	232228	238000	235555
Oshakati	065	10111	220211	229500
Otavi	067	234006	234194	
Otjinene	062	10111	566200	
Otjiwarongo	067	10111	301014	304444
Outjo	067	10111	313044	313404
Rehoboth	062	10111	523811	522091
Rundu	066	10111	265500	
Stampriet	063	260005	260083	260005
Swakopmund	064	10111	4106000	4104111
Tsumeb	067	10111	224300	221004
Uis	064	10111	570037	
Usakos	064	10111	530023	530023
Walvis Bay	064	10111	209832	203117
Windhoek	061	10111	211111	211111
Witvlei	062	10111	566200	

Ministry of Education, Arts and Culture
and United Nations Children's Fund
REPUBLIC OF NAMIBIA
2019

