

CHAPTER ONE

INTRODUCTION AND OVERVIEW OF STUDY

1.1 INTRODUCTION

Child Sexual Abuse is a problem that researchers and child protection authorities recognise affects a large number of individuals. (Child Sexual Abuse will be referred to as CSA throughout this study, as stated in Rix 2000:2). During the last few decades the issue of CSA has gained an ever increasing prominence amongst topical social concerns. However, this does not mean that CSA is a recent phenomena. Throughout history the mutilation, murder, abandonment, emotional and sexual abuse of young children have occurred (Bolen 2001:12; Doyle 1994:2; Waller 1994:1).

That adults can be sexually attracted to and sexually active with children is both bewildering and overwhelming to many people in the helping professions. (Faller 1989:3.) CSA has a strong taboo surrounding it. It is far more comfortable for most people to cast it in with the lot of miscellaneous social embarrassments, than to accept that it lives amongst us. (Marshall & Herman 2000:7.) Children, however, are subject to different kinds of victimization, and are particularly vulnerable due to their developmental status. (Finkelhor & Dzuiba-Leatherman 1994.) Children at separate stages of their developmental cycle have special coping mechanisms that present barriers to – and opportunities for – victimization.

CSA is a form of interpersonal victimization that has many traumatizing elements and characteristics which put the child victim at risk of serious initial and long-term after-effects. It is estimated that approximately half of all victims of CSA suffer significant psychological damage, that a quarter suffer some effects, and another quarter are relatively unscathed, although these findings may be conservative due to victim denial and minimization (Scuchman & Muscarelle 2000:549). Smit (1999:41) emphasises that when children are sexually abused, their natural capacity for exploring intimate relationships are stolen. They therefore never had the chance to explore intimate relationships naturally and to experience their own desires. Sexual abuse thus becomes linked to feelings of shame, disgust, pain and humiliation. It is an imperative that this complex phenomenon be addressed effectively by professionals, while providing the child with the emotionally safe

environment necessary for the process of healing to begin. The Constitution of the Republic of South Africa (1996: section 28) emphasises that a child's best interest is of paramount importance in every matter concerning the child. Every child has the constitutional right to be protected from maltreatment, neglect, abuse, or degradation.

However, contrasting every child's constitutional right is the escalating worldwide prevalence of CSA. As sexual abuse is one of the emergencies facing the Western society, the researcher is of opinion that the long-term solution does not solely lie in improving methods of detecting and treating abuse. The incidence of child sexual abuse must be reduced as far as possible by a multi-faceted approach. An approach intervening on different levels - confronting the perpetrators and possible swifter and stronger retribution; the belief system of society regarding issues like human sexuality, parental rights and values; as well as effective prevention programmes which facilitate disclosure and empower children - should be implemented.

The development of prevention programmes for sexual abuse reflect the growing concern about CSA worldwide (Taal & Edelaar 1997:399). However, the researcher found little South African research on effective prevention programmes. Schutte (2000:8) states that during her research she found no or little research done on effective prevention programmes to combat sexual abuse in South Africa and she urged that a great need for such research is evident.

As a preventative measure children should be protected from any form of abuse by any individual, professional or agency. It is, therefore, vitally important that the individuals in society are educated in the identification of abuse and be made aware of where to report that abuse. Research findings also suggest that parents can be willing and effective instructors of a personal safety programme which may help to reduce the secrecy surrounding child abuse and may stimulate parent-child discussions about sexuality in general. Given the complex nature of abuse, multiple and diverse prevention approaches are necessary (Waller 1994:38). There is also a need for government-funded agencies to provide more education specifically aimed at keeping children safe from sexual harassment and abuse. This requires the production of pamphlets, books, and videos, and the distribution of such materials to parents, schools, kindergartens and day care centres. Safety education not only helps to prevent sexual abuse, but also facilitates disclosures, thereby enabling

more children to receive the help they need (Macdonald, Lambie and Simmonds 1996:297). Elders (1999) emphasises that child maltreatment is preventable and that the focus needs to be on education and prevention. Through participation in a sexual abuse prevention programme, children can be safeguarded from the often long-term and severe consequences of abuse. (Tutty 1997.)

In the following part of the chapter the motivation for the research is discussed, as well as the definition of the research problem, the objectives and the hypotheses for the study. Thereafter the research methodology is described, as well as the preliminary inquiry with regards to potential problems and challenges, finally the key concepts are defined.

1.2 MOTIVATION FOR RESEARCH

The motivation for research provides the opportunity for the researcher to convince the reader of the value of the research and to indicate that the results of the study will be relevant for people in other settings. The research must demonstrate to be useful in three broad aspects: (1) It must contribute to knowledge, (2) the relevant policy arenas should find usefulness and meaning in the study, and (3) the study should be useful for practitioners. (Fouché 2002:118.) This section thus aims to spell out the immediate and longer-term benefits that will result from the study.

Despite the attention that CSA has received in recent years, the victimization of children has not declined. (Lutzker 1998:475.) Currently 1 in 3 children in South Africa will be abused some time during their childhood, just as many boys as girls under the age of 10 years are sexually abused. In South Africa there has been a significant increase in young sexual offenders – under 21 years of age – and a possible explanation according to Hanekom (2003) could be that they are abuse-reactive and acting out scenarios, which have either happened to them or is something they have witnessed, or have seen in pornographic material.

Worldwide, only 5 % of offenders of sexual abuse are convicted. In South Africa only one in every seven cases of rape that goes to court leads to conviction. At present, only 15 in every 100 child abuse cases are reported to the Police (Hanekom 2003). The following comparative statistics were provided by the South African Police Service (2000, 2001) for the period January 1996 to September 2001 (Table 1.1).

Table 1.1 Sexual Offences Against Children Below 18 Years of Age in South Africa

Crime Category	1996 Jan-Dec	1997 Jan-Dec	1998 Jan-Dec	1999 Jan-Dec	2000 Jan-Dec	2001 Jan-Sept
Rape and attempted rape	19 926	21 450	19 881	21 064	21 438	15 680
Indecent assault	3 292	3 121	3 034	3 652	4 027	3 060
Incest	212	201	139	143	113	101
Act 23 of 1957 (sexual offences)	Not available	537	474	489	535	440

The statistics provided in Table 1.1 highlight the crisis proportions rape and child sexual offences have reached in South Africa. Finkelhor (1994) adds that while the sexual abuse of children is thought to be a widespread problem, it is still difficult to provide an accurate prevalence rate for the occurrence of sexual abuse in any form (for example rape, incest). This difficulty is to a lesser degree due to the acceptance of sexual abuse in various forms in some cultures, but largely because of underreporting in cultures where it is not condoned.

As South Africa is a multi-ethnic society, it is necessary that professionals be capable of treating children from all ethnic groups. Fouché (2000:6) emphasises that it is essential for South African professionals to be able to react upon the needs of all the people in South Africa, including people from different cultures and language groups. It is stated, by Hanks and Stratton (1991:262), that the action to be taken once sexual abuse has been identified and the immediate protection of the child has been secured, can concern any of the people involved. The victim, the perpetrator, non-abusing parents and siblings may all need individual help. Assistance may be acceptable in a number of different forms, of which therapy is only one.

The objective of the study is to develop a board game which can foster the prevention of sexual abuse of children. Scientifically, the motivation for the study is based on the better understanding of the educational impact of a board game as primary prevention tool. The board game, being practical and educational, has the goal of teaching children self-protective behaviours that can lower their probability of being abused. The specific skills taught are:

- Recognizing dangerous situations,
- Distinguishing between appropriate and inappropriate touching,

- Resisting abuse,
- Facilitating disclosure.

Shapiro (1998:106) adds that there appears to be a consistent, inverse relationship between the skills for self-protection and the forms of psychological harm frequently suffered by sexual abuse victims. Children capable of self-protection have been described as possessing a good self-esteem, assertiveness skills, strong communication abilities, a firm sense of personal boundaries, and the capacity to question authority figures.

The researcher, working as psychologist in schools and as volunteer therapist at PATCH (Centre for **P**revention **A**nd **T**reatment of Abused **C**hildren in the **H**elderberg), has daily contact with sexually abused children from all ethnic groups. The Helderberg area includes the areas Somerset West, Strand, Gordon's Bay, Sir Lowries Pass and Macassar. As the researcher is working primarily in primary schools, the focus of the study is on the child in the middle childhood years. The researcher found that, although children from this age group tend to verbalise their emotions more easily than their younger peers, a play related intervention enhanced communication. It is also found that the children need education with regards to safety and preventative concepts, not only during preventative training, but along with the therapeutic intervention as well. Shapiro (1998:115) adds that developmental factors are important to consider in planning methods of communicating prevention information and skills. Younger children need to have ideas presented in simple language, in a concrete rather than abstract manner, and with lots of examples. For younger children, learning is often easier and less anxiety-producing when material is presented through play or imaginative activities.

The Minister of Community Safety in the Western Cape, Mr Leonard Ramatlakane, has launched the '**H**ands **O**ff **O**ur **C**hildren – Your Child is my Child' campaign (HOOC) in the Western Cape on 15 March 2002. The programme was officially approved in parliament on 19 June 2002 and was launched in the Western Cape schools on 13 February 2003. The 'Hands Off Our Children – Your Child is my Child' campaign will be referred to as the HOOC campaign throughout this study. This education and prevention initiative aims to address the national crisis of child abuse and advocates prevention of this crime in all its forms. The campaign is currently introducing prevention and educational programmes in all the schools in the Western Cape, as well as in churches, mosques,

temples, synagogues and communities. The Department of Community Safety, in conjunction with the Departments of Education, Social Services, the Provincial Community Police Board, as well as the two service providers – Procure and Fouché – aim to reach 1,1 million learners in 1500 schools by June 2004 (Hanekom 2003).

The school programmes cater for learners of all ages and include an educational crime prevention puppet show for the foundation phase learners (grades R – 3). There is a separate child protection drama (referred to as the 'Martin and Melony Mouse' drama) for the pre-school to grade two learners with key issues on child abuse. The goal is to empower the learners with information regarding their private parts. The HOOC – project aims to reinforce self-protective concepts by providing each grade four learner with a board game with a preventative focus. Grade six and seven learners are educated on abuse, drugs and alcohol by means of the Lions / Quest for Adolescence life skills programme (Hanekom 2003).

The need for a practical play-related preventative intervention of sexual abuse is evident. Since the researcher could not find substantial South African material about practical play-related programmes for preventing sexual abuse, she consulted several experts in the field for assistance. However, a board game with a specific focus on prevention of sexual abuse was not available. The abovementioned experts supported the development of such a board game. Hadar (1986) has developed a board game, the Play it Safe With Speak Out About Sexual Abuse (SASA). This game can be used within an individual and group context, as well as for interviewing, treatment and prevention. This board game is an extremely useful clinical tool. It gives children a safe context in which to confront issues related to CSA. (Western Psychological Services 2002.) Obtaining this game is very costly as there are no distributors in South Africa. It is only available in the United States of America. There is no board game in South Africa which provides an approach to preventative work and is both effective and accessible in a multi-ethnic society.

1.3 DEFINITION OF RESEARCH PROBLEM

The formulation of the research problem explicitly delimits the focus of the study and discusses the research goals and objectives (Fouché 2002:118). Creswell (1998:94) warns that the term

'problem' may be a misnomer – rather than 'problem statement', terms like 'the need for the study' or 'the source of the problem' can be considered.

The current response to the scope of the problem of CSA remains inadequate - more knowledge, research and education is needed with regards to identification, assessment and treatment. The researcher was unable to find substantial literature regarding play-related preventative measures or any relevant board games in South Africa. There is no cost-effective board games available in South Africa to be used as preventative measures by educators and professionals. The board game as play technique in this study attempts to integrate the most essential elements of prevention of the child in the middle childhood years. Ideally, the model could be used in individual and group context.

For the purposes of the study the research problem area are defined as the following:

- The alarming incidence and prevalence of CSA challenge professionals, parents and educators to protect, assist and aid children.
- The professional working in the field of CSA as well as the parents and educators, do not have a practical play-related preventative intervention programme suitable for the multi-ethnic nature of South Africa.
- There thus exists a need for practical guidelines, especially with regards to a board game as a play-technique, to be used as a preventative measure against child sexual abuse.

1.4 GOAL AND OBJECTIVES OF RESEARCH

'Goal' and 'objective' are defined by the Webster's Third International Dictionary (1961:972, 1556) as 'the end toward which effort or ambition is directed: aim, purpose'. The terms 'goal', 'purpose' and 'aim' are often used interchangeably – their meaning implies the broader, more abstract conception of 'the end toward which effort or ambition is directed'. 'Objective' denotes the more concrete, measurable and more speedily attainable conception of such 'end toward which effort or ambition is directed'. The goal may be defined as the 'dream', while the objective may be defined as the steps one has to take, one by one, realistically in order to attain the dream. (Fouché

2002:107.) For the purpose of this study, the term 'goal' will refer to the abstract conception of the result of the study, while the 'objectives' will refer to the various steps to be taken to ensure the results are achieved.

1.4.1 Research Goal

The research goal of the study is to develop a board game for grade four learners in South Africa to serve as a preventative measure relating to CSA.

1.4.2 Objectives

The following objectives have been identified:

- 1.4.2.1 To provide a theoretical foundation for the development of a board game to serve as preventative measure for CSA by a thorough literature review about the sexually abused child, especially in a multi-ethnic society; the development and use of board games; the different preventative measures against CSA – specifically related to the child in the middle childhood years.
- 1.4.2.2 To develop a board game to serve as preventative measure for sexual abuse, for the child in the middle childhood years, specifically the grade four child. As the board game will be part of the HOOC campaign, it will be referred to as the HOOC board game.
- 1.4.2.3 To apply, evaluate and adapt the HOOC board game.
- 1.4.2.4 To evaluate the effectiveness of the adapted HOOC board game.
- 1.4.2.5 To utilise the HOOC board game on grade four children in the Western Cape and to describe the results comprehensively in order to make recommendations.

1.5 HYPOTHESES FOR THE STUDY

A hypothesis is a conjectural statement of the relation between two or more variables. Hypotheses are always in declarative sentence form, and they relate, either generally or specifically, variables to variables. (Kerlinger in De Vos 2002:36.) The hypotheses that guided the study are applicable to

the three tests conducted in the research – therefore each hypothesis refers to the pre-, post- and follow-up testing. To avoid repetition, this is not mentioned after each hypothesis.

The following hypotheses guided the study:

Hypothesis 0: The experimental group's knowledge of body awareness does not improve significantly.

Hypothesis 1¹: The experimental group's knowledge of body awareness does improve significantly.

Hypothesis 0: There is no significant difference in the improvement of knowledge of body awareness between boys and girls in the experimental group.

Hypothesis 1²: There is a significant difference in the improvement of knowledge of body awareness between boys and girls in the experimental group.

Hypothesis 0: There is no significant difference in the improvement of knowledge of body awareness between the three ethnic groups in the experimental group.

Hypothesis 1³: There is a significant difference in the improvement of knowledge of body awareness between the three ethnic groups in the experimental group.

1.6.1 RESEARCH METHODOLOGY

1.6.1.1 Research Approach

A combined quantitative-qualitative approach, known as intervention research, is used in the study. Intervention research is a phase model consisting of six phases and each phase in its turn comprises a series of steps. Although performed in a stepwise sequence, Rothman and Thomas (1994:9) mention that some or many of the activities associated with each phase continue after the introduction of the next phase. It is therefore possible that as difficulties are encountered or new information obtained, looping back to earlier phases may be experienced.

A dependence on purely quantitative methods, according to Silverman (2001:40), may neglect the social and cultural construction of the variables which quantitative research seeks to correlate. Mouton and Marais (in De Vos 1998:358) state that the phenomena which are investigated in the

social sciences are so enmeshed that a single approach can most certainly not succeed in encompassing human beings in their full complexity. A point of view of convergence must rather be adopted to be able to understand more about human nature and social reality.

The researcher is aware of Creswell (1994:173-190) who presents three models that provide useful prototypes for combining designs. For the purpose of this study the second model, the dominant-less dominant design, are described.

- **The Dominant-less-dominant model**

In this design the researcher presents the study within a single, dominant paradigm with one small component of the overall study drawn from the alternative paradigm.

Within the study the dominant paradigm is a qualitative approach where the data collection phase will have a strong quantitative approach with questionnaires and statistically verified measuring instruments. De Vos (1998:360) emphasises the advantage of this approach. It presents both a consistent paradigm picture in a study and gathers information to probe in detail one aspect of the study.

The study's differences between qualitative and quantitative are illustrated according to the interpretations of Neuman (in De Vos, 1998:243) and Denzin and Lincoln (in De Vos, 1998:243):

The study's qualitative approach includes the following characteristics:

- The study consists of an inductive form of reasoning.
- Meaning is discovered and captured as the researcher becomes immersed in the data.
- The main objective is to understand phenomena and not to control it.
- Data are presented in the form of words and quotes from documents and transcripts.
- Data are analysed by extracting themes.

The study's quantitative approach includes the following characteristics:

- Data are presented by means of exact figures gained from precise measurement.
- Data analysis is undertaken by means of standardised statistical measures.
- The research design is standardised according to a fixed procedure and can be replicated.

1.6.1.2 Type of Research

The researcher uses applied research within the intervention research paradigm. Applied research aims to address immediate problems facing the professional in practice. The goal is the scientific planning of induced change in a troublesome situation and to develop solutions for problems and applications in practice (Arkava & Lane 1983:11-13; De Vos 2002:108).

1.6.2 Research Design

PHASES AND OPERATIONS OF INTERVENTION RESEARCH:

1.6.2.1 PHASE ONE : PROBLEM ANALYSIS AND PROJECT PLANNING

The existence of a 'problematic human condition' must be identified, according to Thomas (in De Vos 1998:386), which can be addressed by developing the technology the researcher has in mind. The researcher has therefore identified the problematic condition – preventative measures against child sexual abuse – which is also supported and recognised by professionals and the public.

In addition, the following has to be determined:

- The extent of the problematic condition

A possible question formulated with regards to this aspect may be: What is the nature of the current knowledge base with regards to board games as preventative measure and what further research is needed to improve the service professionals deliver to children in this regard?

- The component aspects of the problematic condition

A possible question formulated with regards to this aspect may be: What is the nature of aspects of prevention that professionals / parents / educators view as problematic with reference to CSA?

- The possible causal factors which may impact these component aspects

A possible question formulated with regards to this aspect may be: What is the relationship between the modality of prevention used and effective preventative measures? What need will the newly developed board game for grade four children in South Africa address?

When the abovementioned questions have been dealt with, the following operations are critical:

- Identifying children in the middle childhood years, specifically grade four children, and involving them in the study
- Gaining entry to the schools and obtaining cooperation from the children with the assistance of the comprehensive HOOC prevention programme
- Identifying concerns raised by the population through interaction with the principals of the relevant schools, clients and parents / guardians
- Analysing identified concerns while contacting the relevant population
- Identifying possible negative consequences for the school / community
- Identifying possible advantages for the school / community
- Attending to previous interventions launched in the school / community
- Formulating goals and objectives raised by the community.

1.6.2.2 PHASE TWO: INFORMATION GATHERING AND SYNTHESIS

It is essential to discover what other researchers have done to understand and address the problem. Knowledge acquisition involves identifying and selecting relevant types of knowledge and using and integrating appropriate sources of information. However, it is essential not to reinvent the wheel. (Rothman & Thomas 1994:31 – 32). The following key aspects will be incorporated by the researcher:

- Existing information resources, computerised databases and completed research projects are used to develop an innovative contribution.
- Questionnaires are sent to other professionals in the field of CSA to determine what techniques and methods they use to educate children about the preventative measures of sexual abuse. The professionals will be sampled using Snowball Sampling. Snowballing, according to De Vos (2002:208), involves approaching a single case that is involved in the phenomenon to be investigated, in order to gain information on other similar persons. In turn, this person is requested to identify further people who could make up the sample.
- Identifying functional elements of successful models.

1.6.2.3 PHASE THREE: DESIGN

Thomas (in De Vos, 1998:392) views design as the planned and systematic application of relevant scientific, technical and practical information to the creation and assembly of the board game. This phase consists of the following two key aspects:

- Designing an observational system

Researchers must design a way of observing events related to the phenomenon naturally, a method system for discovering the extent of the problem and detecting effects following the intervention (De Vos 1998:393). The observational system is closely linked to the process of designing an intervention and serves as a feedback system.

The researcher, in co-operation with the social workers of PATCH, received guidance and training about the sexually abused child and crisis intervention. The researcher has also been treating clients, referred from PATCH, since 2002 in an attempt to observe relevant behaviours and outcomes. During these therapy sessions the researcher incorporated several board games in order to observe the effectiveness of its use in a therapeutic setting. The researcher also consulted several experts regarding the use of board games in therapy and as a preventative measure. The researcher consulted a few experts in the Helderberg region to act as observational system as well

as feedback system. Self-monitoring and self-reporting measures were incorporated by the researcher as well during the process of development.

- Specifying procedural elements of the board game

As the researcher had the opportunity to observe the problem and study natural occurring innovations, procedural elements for use in the board game could be identified. These procedural elements include applicable concepts, principles, procedures and processes that will be evaluated during the development and implementation of the board game.

1.6.2.4 PHASE FOUR: EARLY DEVELOPMENT AND PILOT TESTING

This phase includes the important operations of developing a prototype or preliminary board game, conducting a pilot test and applying design criteria to the preliminary board game. Thomas (in De Vos, 1998:395) defines development as the process by which an innovative intervention is implemented and used on a trial basis developmentally tested for its adequacy, and refined and redesigned as necessary.

The researcher aims to apply the following processes:

- Developing a prototype or preliminary board game

The researcher has selected and specified preliminary procedures to develop a prototype / model of the board game for use in pilot testing. The researcher incorporated the knowledge of several experts to refine the board game. The researcher liaised with the educators of the grade four learners, and with different grade four learners with regards to the visual elements of the board game, as well as the appropriate language level. The board game was developed by the researcher – based on the concept of the snake-and-ladders board game with questions and dice. The questions are child-friendly and based on prevention concepts against child sexual abuse. The mass production of the board game is primarily the responsibility of the HOOC project. The primary aim of this study is to develop the HOOC board game for each grade four learner.

A proto-type schedule of the different measuring instruments are being developed. It will be incorporated into the prevention programme and tested on a representative sample of the universe.

- Conducting a pilot test

A pilot test on approximately thirty grade four children was conducted to determine the effectiveness of the board game. The pilot test helped to determine and identify which elements of the prototype needed to be revised.

A proportionally representative sample of approximately 30 children, from the population of children between nine and twelve years who are currently in grade four in the Western Cape, was selected. The participants were randomly selected from schools that have been exposed to the HOOC campaign. A discussion with each class educator of these grade four learners was conducted to determine the exposure these learners have had regarding preventative measures during the last three months. Any known psychopathology; developmental disorder; as well as extremes regarding mental age, such as mental retardation, were regarded as exclusion criteria. The learners had to be within the age parameters of nine to twelve years to be included in the study.

- Applying design criteria to the preliminary board game

The design process is informed by common guidelines and values for intervention research. It is essential to have standards for appropriate community intervention to serve as guidelines to measure the effectiveness of the board game. Relevant questions include: Is the board game effective? Is it replicable by typical end-users? Is it simple to use and practical? Is it compatible with local customs and values?

To address these questions, the results of full field testing, as well as the feedback received, are used to resolve any emerging problems with the measurement system and intervention. (See section 1.6.2.5).

1.6.2.5 PHASE FIVE: EVALUATION AND ADVANCED DEVELOPMENT

There are four major aspects in this phase:

- Selecting an experimental design

The Classical Experimental Design (also called the randomised pre-test-post-test control group design) is the basis for all the experimental designs (Grinnel 1993:147.) It involves an experimental group and a control group, both created by random sampling and random assignment methods.

Both groups take a pre-test at the same time, after which the independent variable is given only to the experimental group and then both groups take the post-test again.

This design controls all internal validity factors and involves the manipulation of the independent variable by introducing it only to an experimental group. However, the factor of experimental drop-out (experimental mortality) cannot be controlled in advance, but it can be monitored. If drop-out rates for experimental and control groups are low (5 % or less), experimental mortality can be regarded as controlled. When the drop-out is high and it results in loss of individuals in both groups, the experimental design is no longer effective in controlling other internal validity factors (De Vos 1998:135).

- Collecting and analysing data

This is a continuous process which already starts with the implementation of the preliminary inquiry. De Vos (1998:397) mentions that ongoing graphing of the behaviour and related outcomes helps to determine when initial interventions should be implemented and whether supplemental procedures are necessary.

The participants were divided into focus groups ranging between 6 to 10 learners. In the focus group the board game were played along with an unstructured interview. The researcher made notes during the sessions of her observations as well as verbatim responses.

- Replicating the intervention under field conditions

The instructions, measuring instruments and other tangible forms of the prototype have been developed, tested and revised. After the developed board game was tested in the pilot-study, replication under various field conditions helped to assess the generality of the effects of the intervention.

- Refining the intervention

Errors are instructive. The results of full field testing, as well as the feedback received, are used to resolve problems with the measurement system and intervention. Adaptations in the language,

content and intervention methods may produce desired behaviour changes and outcomes (Rothman & Thomas, 1994:38 – 39).

1.6.2.6 PHASE SIX: DISSEMINATION

The second phase of the model of Thomas (in De Vos, 1998:398) was conceptualised into diffusion and adoption. After the innovation has been evaluated and found to be ready for use, the phases of diffusion and adoption follow. Diffusion involves such activities as preparation of dissemination media (publications, in-service training programmes and professional education) and adoption consists of use by the intended consumers of the innovation. Rothman (in De Vos, 1998:398) described the last phase as broad practice utilization with clients, consumers and constituents.

However, it is not enough to develop a good innovation. Rothman and Thomas (1994:39 – 43) emphasise that once the community intervention has been field tested and evaluated, it is ready to be disseminated to community organisations and other target audiences. Several operations aid this process of dissemination and adaptation, and will therefore be applied by the researcher, in cooperation with HOOC, as well:

- Preparing the product for dissemination.
- Identifying potential markets for the intervention.
- Creating a demand for the intervention.
- Encouraging appropriate adaptation.

It is evident that creating a demand for the board game will be a consequence of dissemination.

1.7 RESEARCH PROCEDURES

1.7.1 Participants

A proportionally representative sample of approximately 2000 children from the population of children between 9 and 12 years who are currently in grade four in the Western Cape were

selected for the control group. The 500 participants for the experimental group were randomly selected from the schools which were contacted and visited by the comprehensive HOOC campaign. All the participants have been exposed to the HOOC campaign. According to the preference of the participants, the research was conducted in Afrikaans, English and isiXhosa. The researcher made use of assistants to aid in conducting the research (see section 1.7.3).

1.7.2 Data Gathering Mechanisms

The following psychometric tests and questionnaires are used:

- The Children's Knowledge of Abuse Questionnaire-Revised (CKAQ-RIII);
- The What-If Situation Test (WIST);
- A multiple choice-questionnaire regarding networks;
- Observation and unstructured interview during the board game.

1.7.3 Procedures

The assistant-director of Social Crime Prevention gave permission for the research to be incorporated in the HOOC-campaign and the research was discussed. A schedule of the HOOC campaign at the different schools was provided. The campaign started in February 2003 and came to an end during June 2004.

A questionnaire was sent to professionals in the field of CSA to determine which methods they use to educate the children about the preventative measures of sexual abuse. The Western Cape Education Department gave permission to conduct research during school hours at the relevant schools. The principals of the relevant schools were contacted during which the objectives and procedures of the research were explained to them. Permission for participation from the principals were obtained. The researcher contacted the relevant class educators to obtain class lists, explain the procedures and to familiarise herself with the environment.

The researcher made use of assistants to aid in conducting the research. Seven assistants were recruited and selected in co-operation with the PATCH Child Abuse Centre in Somerset West. The assistants were trained in several preventative concepts – including the HOOC campaign, the correct use of the HOOC board game and appropriate ways of managing any possible situations emerging from the interventions. The assistants have experience in working with children in a cross-cultural context.

The researcher liaised with the educator of the school responsible for dealing with abuse or social problems in order to have a proper referral strategy in place to be able to immediately assist children who disclose. Each school has an 'Abuse No More' – educator on the personnel who has been trained by the Western Cape Education Department in the protocol for referrals of alleged abuse. At schools where no 'Abuse No More'-educator was present, an educator was requested to volunteer as contact person. The researcher referred, in the case of disclosures, to the Child Protection Unit, the local Social Worker or the Social Worker at the EMDC (Education and Management Development Centre).

Each class was randomly divided in two groups by the researcher – an experimental and control group. Before the board game was played, the pre-testing was conducted during one session in class format. The pre-testing conducted in group format in the class room, with assistance from the class educator, consisted of a compilation of the following instruments:

- The Children's Knowledge of Abuse Questionnaire-Revised (CKAQ-RIII);
- The What-If Situation Test (WIST);
- A multiple choice-questionnaire regarding networks.

The pre-testing was presented in printed form and read aloud by the researcher. Precaution was taken to ensure that the respondents cannot see each others' responses. The psychometric instruments were used in such a way that it enhanced a relationship of trust between the researcher and the children in an informal non-threatening way.

After the pre-testing, the researcher introduced the board game to the experimental group. The board game session took place in a separate venue, each assistant intervening with a group of six learners. In an attempt to minimise external factors impacting the children, the experimental and control groups were separated until the post-testing was completed. The children in the experimental groups were again psychometrically assessed on the same day with the same battery, although items were sequentially varied. Refer to Table 1.2 for a visual representation of the data collection phase.

The experimental and control groups were again assessed after six weeks to monitor the long term effects of the programme. For all learners, parallel versions of the instrument were used in which the order of the questionnaires as well as the items were varied randomly.

Table 1.2 Schools Exposed to the HOOC-Campaign

	Experimental (n=500)	Control (n=2000)
Pre-test	✓	✓
HOOC Board Game	✓	
Post Test	✓	
Post Test (6 weeks)	✓	✓

To obtain optimum results, the location was familiar to the children, private and relatively quiet. According to the language preferences of the participants, the board game was conducted in Afrikaans, English or isiXhosa (with the use of interpreters).

1.8 PRELIMINARY INQUIRY

1.8.1 Literature Review

The study was guided by the Child Care Act 74 of 1983, which came into effect on 1 February 1987. It is stated that the philosophy of the Act remains the care and protection of children and promoting their well-being (South Africa 1987). However, in the Child Care Amendment Act 96 of 1996, the focus once again shifts to the child as being a child in need of care. As a result of this change in focus, much more attention need to be directed at the child's functioning and quality of life (South Africa 1996). The aim of this study is to improve the child's functioning and quality of life.

The University of South Africa and the University of Stellenbosch provided a detailed biographical list of all possible resources regarding the sexually abused child, as well as preventative intervention programmes to address this phenomenon. All disciplines were included in this search – the psychological, medical, social work, educational and psychiatric areas. Few resources were available regarding practical preventative interventions, especially with a focus on play techniques. From a multi-ethnic South African perspective, applicable and appropriate programmes were minimal and outdated.

1.8.2 Consultations

The following experts were consulted regarding the feasibility of the development of a board game as preventative intervention:

- Mrs C Ben-Oved (Social Worker at PATCH, specializing in prevention programmes: Helderberg region)
Re the availability of preventative measures, especially board games, within South Africa
- Ms E Mentz (Social Worker at PATCH, specializing in child sexual abuse: Somerset West and Strand region)
Re the availability of an intervention programme for sexually abused children, as well as possible preventative strategies.
- Ms A Buys (Social Worker at PATCH, specializing in child sexual abuse: Somerset West and Macassar region)
Re the availability of an intervention programme for sexually abused children.
- Mrs M Fölscher (Manager at PATCH and Trainer of Crisis Workers: Somerset West region)
Re the procedures followed after the referral of child sexual abuse, as well as the training of crisis workers to assist during the medical examination of children (who has allegedly been sexually abused).

- Dr HS Loxton (Counselling Psychologist, specializing in children and child-related psychological areas, at the University of Stellenbosch: Stellenbosch region)
Re the availability of an intervention programme for sexually abused children.
- Dr M van der Merwe (Social Worker specializing in Play Therapy with traumatised children: Cape Town region)
Re the availability of an intervention programme for sexually abused children.
- Mr M Sauer (Operations Assistant at Western Psychological Services: Los Angeles, United States of America)
Re the availability of the Play it Safe with SASA board game in South Africa.
- Mrs R van Deventer (Social Worker at the Department of Social Services, Provincial Administration: Western Cape region)
Re the Child Care Act 74 of 1983 and the practical application thereof, as well as the availability of the new Child Care Act.
- Mr E Patientia (Resources Co-ordinator at RAPCAN: Cape Town region)
Re current reported child abuse statistics in South Africa and preventative measures within South Africa.
- Captain EC du Plessis (Crime Information Analysis Centre, Production Unit: Pretoria region)
Re current reported child abuse statistics in South Africa.
- Dr P du Plessis (Secretary of the South African Professional Society on the Abuse of Children: Pretoria region)
Re information on a multi-professional team approach to child sexual abuse.
- Mrs J Campbell (Social Worker specializing in child sexual abuse)

Re the use of board games as intervention with the sexually abused child in the middle childhood years.

- Mrs E Diederichs (Consultant specializing in Character Development and Ethics)

Re the use and development of board games as intervention

1.8.3 The feasibility of the study

The research had a duration of a year. The co-operation of two social workers, specialised in CSA, were obtained and they assisted the researcher. As the researcher encounters sexually abused children on a daily basis, as part of her workload, and found educating preventative skills difficult, the study was feasible. As the researcher works primarily in primary schools, a significant percentage of the children she encounters are in their middle childhood years. It was evident that a need exists for an intervention programme with a focus on a board game to initiate preventative measures regarding sexual abuse. As the HOOC campaign aims to educate youth about rights and responsibilities, the researcher could, by co-operating with the HOOC-team, address the abovementioned needs.

1.8.4 Assessing the feasibility of the data gathering mechanisms

All the data gathering mechanisms were implemented during the pilot study on children in their middle childhood years. During the pilot study the researcher could determine which activities had to be selected, refined and adapted.

1.8.5 Definition of universe, research population and method of sampling

1.8.5.1 Universe and Research Population

Universe refers to all potential subjects who possess the attributes in which the researcher is interested (Arkava & Lane, 1983:27). Some authors use the terms 'universe' and 'population' interchangeable. Seaberg (in De Vos, 1998: 190) defines a population as the total set from which the individuals or units of the study are chosen. A population is thus the totality of persons, events, organisation units, case records or other sampling units with which the research problem is concerned. For the purpose of this study, the term universe refers the total set from which the

individuals of the study are chosen, referring thus to all the grade four learners in the Western Cape.

1.8.5.2 Sample

A sample is thus the element of the population considered for actual inclusion in the study (Arkava & Lane 1983:27). A proportionally representative sample of approximately 2000 children from the population of children between 9 and 12 years in grade four in the Western Cape will be selected. The participants were randomly selected as the schools were contacted and visited by the comprehensive HOOC campaign. According to the language preference of the participants, the research was conducted in Afrikaans, English and isiXhosa.

1.8.5.3 Method of sampling

Stratified random sampling was used to select 500 learners from the universe. Strydom and Venter (2002:205) explain that this type of sampling is suitable for the heterogeneous populations because the inclusion of small subgroups percentage-wise can be ensured. Stratification consists of the universe being divided into a number of strata that are mutually exclusive, and the members of which are homogeneous with regard to some characteristic such as gender, home language or age. This kind of sample is mainly used to ensure that the different groups or segments of a population acquire sufficient representation in the sample. The desired number of persons is then selected proportionally within each of the different strata. This means drawing each sample according to the number of persons in that stratum – larger samples from larger strata, and smaller samples from smaller strata. Selection within the different strata still occurs randomly. The sample of 500 children was divided into three subgroups according to the three ethnic groups (White, Coloured and Black children).

1.8.6 Identification of Problems

Problems that arose during the course of the study:

- Unwillingness of principals and schools to participate in the study.
- Unwillingness of participants to participate in the study.

- Time constraints as the learners' contact time with educators are not to be influenced.
- Absenteeism of participants.
- Difficulties using interpreters during the board game.

1.9 ETHICAL ASPECTS

Ethics is a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, sponsors, other researchers, assistants and students (Strydom 2002a:63).

Ethical guidelines serve as standards and the basis upon which each researcher ought to evaluate his own conduct. The researcher was guided by the following classification, as described by Strydom (2002a:63 - 75.):

1.9.1 Harm to experimental respondents

The researcher has the responsibility to protect the respondents against any possible physical and emotional harm. The respondents were thoroughly informed beforehand about the potential impact of the investigation. This offered respondents and their parents the opportunity to withdraw from the study, if they should wish to do so (Strydom 2002a:64-65).

In this study, the researcher is not aware of any physical and/or emotional harm that was done to the respondents. However, the researcher was alert and sensitive to act in the best interests of the respondents and their immediate needs. In the case of possible disclosures, the researcher had a referral strategy in place. The educators also agreed to monitor the children closely after the intervention.

1.9.2 Informed consent

Obtaining informed consent implies that all possible or adequate information on the goal of the study, the procedures, the possible advantages, disadvantages and dangers to which respondents

may be exposed, and the credibility of the researcher must be rendered to potential respondents or their legal representatives (Strydom 2002a:65).

Emphasis must be placed on accurate and complete information to enhance respondents' comprehension of the study. Respondents must be legally and psychologically competent to give consent and must be aware that they may withdraw from the study at any time. The researcher had a discussion session with each principal beforehand to explain the procedures and practical implications of the study.

Since class discussion on the research may influence the results and outcomes of the study, the learners were told that they are completing questionnaires concerning how children feel and what they think and do in a variety of situations. Adequate information was provided with regards to the demands the study will make on their time, activities and disclosure of confidential information. There was adequate opportunity for learners to ask questions before the study commenced, as well as during it. Feedback regarding the results was provided, if requested by the school.

1.9.3 Deception of respondents

Deception of respondents may be viewed as withholding information, or offering incorrect information in order to ensure participation of respondents when they would otherwise possibly have refused it (Corey, Corey & Callanan 1993:230.) Neuman (in Strydom 2002a:66) adds that deception occurs when the researcher intentionally misleads subjects by way of written or verbal instructions, the actions of other people, or certain aspects of the setting.

The researcher therefore did not disguise the real goals and functions of the study, as well as the possible experiences the respondents will go through.

1.9.4 Violation of privacy

The right to privacy is the individual's right to decide when, where, to whom, and to what extent his attitudes, beliefs and behaviour will be revealed (Singleton et al. in Strydom 2002a:67.) This principle can be violated in a variety of ways, and it is imperative that researchers be reminded of the importance of safeguarding the privacy and identity of respondents, and to act with the necessary sensitivity where the privacy of subjects is relevant. Privacy implies the element of

personal privacy, while confidentiality indicates the handling of information in a confidential manner (Strydom 2002a:67.) The researcher did therefore not make use of concealed media without the knowledge and consent of the respondents. All data was treated as confidential.

1.9.5 Actions and competence of researcher

Researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the investigation, especially with regarding to research across cultural boundaries (Strydom 2002a:69.) The researcher ensured that she was well-equipped with regarding to ethically correct actions, competency and skills. The researcher was guided by an experienced and skilled promoter for this study.

1.9.6 Cooperation with contributors

Research projects are often too expensive for the researcher to handle it financially on her own. Consequently, a sponsor may be required. The relationship between the researcher and the sponsor can also sometimes raise ethical issues, for instance when the sponsor act prescriptively towards the researcher, or when the real goal of the investigation is camouflaged (Bailey in Strydom 2002a: 70 – 71). The researcher ensured that, for this study, a formal contract was compiled in order to avoid any misunderstandings about any relevant concepts.

1.9.7 Release / Publication of findings

The findings of a study must be introduced to the reading public in written form, otherwise even a highly scientific investigation will mean very little and not be viewed as research. Therefore formulation and conveyance of the information must be clear and unambiguous, to the respondents as well as in all publications. (Strydom 2002a:71 – 72.) The researcher reported in an accurate, objective, clear and unambiguous manner.

1.9.8 Debriefing of respondents

The problem may sometimes arise that respondents can benefit and get involved in the therapy or research to such an extent that they may suffer harm on completion of the programme. After the completion of the study, the researcher has to rectify any misperceptions which may have arisen in the minds of the respondents (Strydom 2002a:73).

The researcher handled termination from the research with sensitivity. The researcher was willing to organise debriefing sessions for the respondents to complete the learning experience. It was, however, not necessary.

1.10. DEFINING KEY CONCEPTS

1.10.1 Sexual Abuse

Sexual abuse can be defined as the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing any visual depiction of such conduct; or the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children (The Child Abuse Prevention and Treatment Act of the United States of America in Sattler, 1998:669). A child, according to the Constitution of the Republic of South Africa Section 28 (Act 108 of 1996), means a person under the age of 18 years.

Giardino (in Potgieter 1996:17) defined sexual abuse as the involvement in sexual activities by an older person of a dependent, developmentally immature child or adolescent for that older person's own sexual stimulation, or for the gratification of other persons, as in child pornography or prostitution. Abusive activities include exhibitionism, sexualised kissing, fondling, masturbation, digital or object penetration of the vagina or anus, and oral-genital, genital-genital and anal-genital contact. The sexual act is imposed on a child or an adolescent who cannot provide informed consent because of her age or developmental stage. Central to the concept of sexual abuse is the misuse of power and the betrayal of a child's trust by an older individual.

Sexual abuse therefore includes a wide range of conduct including genital exposure; masturbation between adult and child; fondling breasts, buttocks, and thighs; oral copulation; vaginal or anal penetration by finger, penis, or foreign object; dry intercourse (rubbing penis between child's thighs or anal-genital areas); making a child fondle an adult; and commercial exploitation through prostitution or the production of pornographic materials (Sattler 1998:670).

For the purpose of this study sexual abuse will be defined as the involvement in sexual activities by a person of a dependent, developmentally immature child or adolescent for that person's own

sexual stimulation, or for the gratification of other persons. Sexual activities include exhibitionism, sexualised kissing, fondling, masturbation, digital or object penetration of the vagina or anus, and oral-genital, genital-genital and anal-genital contact.

1.10.2 Child in the middle childhood years

The period from approximately the sixth to the twelfth year of life is generally known as middle childhood. Middle childhood thus refers to the period of development between the earlier preschool period and the later adolescent years (Louw *et al.* 1998:322). For the purpose of this study the focus will be specifically on the grade four learner, ranging from nine to twelve years of age.

1.10.3 Board Game

Ginott (in Henderson 2000:373) describes a child's play as her talk and the toys as her words. Play assists in establishing a relationship with the child, helps the child state concerns, aids in the assessment process, and promotes healing and growth (Orton 1997). *The Dictionary of Psychology* (Corsini 2002:402) defines a game as a contest conducted according to rules. The distinction between games and play is therefore that play is unrestricted and games have rules. Play may merely be the enactment of a dream, but in each game there is a contest (Opie & Opie in Hadar 1986:42).

Play techniques thus aim to provide a safe environment where the child feels comfortable when playing, as well as a medium to express (negative) experiences and emotions. Thus, for the purpose of this study, a board game - as play technique - will refer to a board marked with squares on which you can move forward after throwing a die, according to the rules agreed upon.

1.10.4 Prevention

On a general level, prevention refers to the intervention that occurs before the development of a disorder to either prevent the disorder itself or prevent some manifestation of the disorder. With respect to child maltreatment, this refers to the efforts to reduce the actual occurrence or the negative sequelae of sexual abuse (Willis, Holden & Rosenberg 1992:5). Primary prevention refers to early intervention prior to the sexual abuse, therefore when the intervention is effective, the rate of occurrence of sexual abuse changes. Secondary prevention involves early identification of target

individuals who are at risk for possible sexual abuse. Tertiary prevention is targeted at individuals who already have been sexually abused.

For the purpose of this study, prevention refers to the intervention that will attempt to either prevent the phenomenon of child sexual abuse, or to prevent further occurrence of the sexual abuse. Therefore aiming to incorporate all three levels of prevention - primary, secondary and tertiary.

1.11 RESEARCH REPORT

The study comprises out of the following chapters:

CHAPTER 1: INTRODUCTION AND OVERVIEW OF STUDY

In this chapter the research problem, motivation for the research, the goal and objectives of the research, preliminary inquiry and the research methodology are discussed. The key concepts are also defined.

CHAPTER 2: TOWARDS AN UNDERSTANDING OF SEXUAL ABUSE

Child Sexual Abuse as national and international phenomenon is discussed. This chapter focuses on defining sexual abuse, its incidence, possible contributing factors, the perpetrator, as well as a theoretical foundation of sexual abuse.

CHAPTER 3 PREVENTION: AN OVERVIEW

Different prevention strategies used both nationally and internationally are discussed. The focus of this chapter is mainly on school-based prevention programmes and the feasibility thereof.

CHAPTER 4 A CHILD'S ODYSSEY: DEVELOPMENT IN MIDDLE CHILDHOOD

The developmental tasks of the child in the middle childhood years are discussed – including the cognitive, social, emotional, physical and spiritual dimensions. The role of play is also incorporated.

- CHAPTER 5 PLAY AND PLAY THERAPY
The development of play, Play Therapy and different therapeutic modalities are discussed in this chapter.
- CHAPTER 6 THE BOARD GAME AS PLAY TECHNIQUE
The board game, as an application of a play technique, is the main focus of this chapter. The development of board games and the board game as possible preventative measure are discussed.
- CHAPTER 7 RESEARCH METHODOLOGY
The new board game, as developed during this study, and the research methodology used, are discussed in this chapter.
- CHAPTER 8 EMPIRICAL VALIDATION
The statistical analysis of the selected representative sample's results after the implementation of the board game, is presented and discussed.
- CHAPTER 9 CONCLUSION AND RECOMMENDATIONS
The general conclusions of the research study are discussed in this chapter. Recommendations for future research are also included.

CHAPTER TWO

TOWARDS AN UNDERSTANDING OF SEXUAL ABUSE

2.1 INTRODUCTION

Among the most challenging contemporary problems in domestic policy is preventing the abuse of children. However, the effectiveness of a prevention programme aimed at the sexual abuse of children will be dependent to a great extent on a clear understanding of the abuse it aims to prevent. The aim of this chapter is to examine the dynamics of sexual abuse in an attempt to provide a theoretical foundation from which relevant and potentially effective prevention efforts can be formulated.

2.2 THE CURRENT POSITION IN SOUTH AFRICA

South Africa, as we know it today, is a country that promotes democracy and a culture of human rights. It is very unfortunate that violence against women and children has reached epidemic proportions in South Africa. A large percentage of our communities are classified as 'disadvantaged'. Marshall and Herman (2000:59) state that the following might be typical characteristics of the circumstances that abide for approximately 70 % of the South African population:

- High unemployment rate.
- Poor and overcrowded educational facilities.
- High single parenting incidences.
- Squatter accommodation or council buildings.
- No recreational or educational facilities.
- High rates of sexual abuse of children - particularly girls.

- Minimal parenting skills.
- High stress levels due to poverty.
- High rates of domestic violence.
- Very little parental support from fathers – either financial or physical.
- High levels of violence and crime amongst men.
- Overcrowded accommodation.
- Few state security or social welfare services.

These characteristics emphasise the fact that opportunity for child abuse is created by the conditions of children's lives. These conditions include a lack of parental love; as well as parents that are working, leaving children unattended for long periods of time. Opportunity for rape is aggravated by the amount of unemployed men who are idling at home. Usually when parents have sex in the presence of children it would be regarded as sexual abuse. For many families in South Africa, this does not apply. Parents simply do not have a choice as many of the low economic houses and informal shelters do not provide privacy. (Marshall & Herman 2000:59 – 62). The researcher questions whether the definitions for child abuse should be adapted to accommodate the circumstances of these impoverished families.

The abuse of children, according to Sparks (in Karson 2001:1-2), at the hands of their caretakers has been a reality of family life since ancient times. For most of human history, children had little, if any, right to life, and infanticide was routinely practiced on children who had obvious physical deficits at birth. In most ancient societies, children were not recognised as living beings until culturally prescribed rituals had been performed. Parents, especially fathers, had complete control over the life or death of children, who were often brutally abused (both physically and sexually), with few social sanctions imposed on the perpetrators. Although society has a general consensus

regarding what constitutes child abuse, there is no consistent definition of the term as it is used in the literature. There are various opinions of what constitutes appropriate child-rearing practices, particularly when those making such assessments do not share the values, cultural and ethnic background, or life experiences of those who are being evaluated. The socio-cultural context portrays very little agreement on the definition of child abuse. The researcher is of the opinion that every society's abuse-supportive beliefs and attitudes need to be addressed as well.

The South African constitutional and criminal justice system should also be considered. Lewis (1999:123) reports that the shortcomings of the South African criminal justice system, represented by the police and courts, aggravates the problem of violence. Due to insensitive, judgemental behaviour child victims and victims of domestic violence and sexual abuse refrain from reporting. This problem, however, tends to be invisible and is therefore difficult to address. As a result, violence against women and children has been identified as a high priority crime. Govender (2000:1) reports that, in response to the growing concern at the escalating levels of this type of violence, a Special Directorate known as Sexual Offence and Community Affairs - commonly known as the SOCA Unit - was created in August 1999. The Unit is committed to reversing the negative trend of violence against women and children countrywide with the creation of at least 20 courts specialising in sexual offences. It aims to introduce more effective prosecutions, greater involvement in high-risk communities, to build a sufficient databank of these cases and to reduce recidivism by getting involved in rehabilitation programmes for sex offenders. (Govender 2000:1).

The Constitution of the Republic of South Africa, Act 108 of 1996, is the supreme law in South Africa. Haupt (2001:21) adds that South Africa's constitution is one of the few Constitutions in the world that specifically provides for the protection of children's rights. Section 28 of the Bill of Rights entrenched in Chapter Two of the Constitution protects certain rights of children specifically. It is clear that the duty to protect children from abuse is not only a moral obligation but also a constitutional duty. This duty rests not only on the shoulders of the government; it is a communal responsibility. However, the Researcher is of opinion that a community needs to be empowered and educated to be able to take the responsibility of such a daunting task. Abuse-supportive beliefs, attitudes, facts, myths and institutional practices will have to be addressed. It is emphasised that in the South African context a comprehensive approach needs to be formulated.

2.3 DIFFERENT TYPES OF SEXUAL ABUSE

As mentioned in Chapter One, sexual abuse will be defined as the involvement in sexual activities by a person with a dependent, developmentally immature child or adolescent for that person's own sexual stimulation, or for the gratification of other persons. Sexual activities include exhibitionism, sexualised kissing, fondling, masturbation, digital or object penetration of the vagina or anus, and oral-genital, genital-genital and anal-genital contact.

Children are subjected to almost every form of sexual activity known and abuse can take place in a wide variety of settings. Doyle (1994:20) distinguishes between non-contact and contact abusive activities:

2.3.1 Non-Contact Abuse

2.3.1.1 Voyeurism

This is a way of obtaining sexual satisfaction by watching children who are naked or undressing, or by looking at their genitals. Sometimes it does not involve a relationship with the child, who may be unaware of what is happening. A relationship may develop and the children are persuaded to undress in front of the offender. Voyeurism also encompasses the observation of sexual acts involving children. Children may be forced or persuaded to have sexual relations with adults, other children or animals while the perpetrators are watching (Doyle 1994:21).

According to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association 1994:525), commonly known as the DSM-IV, the act of looking ('peeping') is for the purpose of achieving sexual excitement, and generally no sexual activity with the observed person is sought. Orgasm, usually produced by masturbation, may occur during the voyeuristic activity or later in response to the memory of what the person has witnessed. Often these individuals have the fantasy of having a sexual experience with the observed person, but in reality this rarely occurs.

2.3.1.2 Exhibitionism

Doyle (1994:21) reports that this term is used to describe the exposure of genitals as a deliberate act to gain satisfaction. The colloquial term 'flasher' tends to be applied to a male stranger who exposes his penis in a relatively public place. According to the DSM-IV (American Psychiatric

Association 1994:525), the individual sometimes masturbates while exposing himself(or while fantasizing exposing himself). If the person acts on these urges, there is generally no attempt at further sexual activity with the stranger. Lewis (1999:98) emphasises that people who expose themselves are not always harmless and some of them may go on to further abusive acts.

2.3.1.3 Exposure to Pornography

Pornography refers to literature or other media (such as films) with explicit descriptions or exhibitions of children involved in sexual activity, intended to stimulate erotic feelings (Lewis 1999:99). Doyle (1994:22) adds that closely related to exhibitionism is a form of reverse voyeurism where the child is made to watch the sexual activities of adults or pornographic material. Child pornography can also be used by exploiters to lower children's inhibitions in order to seduce or encourage them to freely participate either in prostitution or pornography (Calcetas-Santos 2001:59).

2.3.1.4 The Internet

The internet – the global computer communications network - virtually exploded on the international scene as a revolutionary means of information dissemination and communication. Haupt (2001:21-22) states that it also opened an unprecedented avenue for the dissemination of undesirable elements, especially as far as children are concerned. While children are exploring cyberspace they may run into one or more of the following:

- Obscenities including bestiality, necrophilia and pedophilia;
- Sex and pornography, including visuals of sexual acts with children and child pornography;
- Sexual predators and on-line stalking through the e-mail facility;
- Obscene language, threats, harassment and hate-speech.

The production and dissemination of pornographic material, according to Calcetas-Santos (2001:59), is an insidious strategy used to desensitise society in general, and to send a message that children are legitimate sex partners.

Kreston (2004a:9) adds that the internet can also be used for grooming (lowering the inhibitions of the children in order to exploit them sexually) the potential victim. Internet provides the pedophile with access to many more potential victims, simultaneously, while giving him the cloak of anonymity. Pedophiles can pretend to be anyone they want in order to deceive the victim into thinking that they are understanding and sympathetic.

2.3.1.5 Verbal abuse and coprolalia or scatologia

Non-touch abuse also includes verbal abuse. Doyle (1994:22) states that talking to a child in a sexualised manner can be intimidating. Abusers can humiliate and terrorise children by making sexual threats. Coprolalia and scatologia refer to the utterance of sexual obscenities, usually as a deliberate abusive act. However, this must be distinguished from victims of Tourette's Syndrome who may use obscene speech involuntarily. In cases where the abuse is deliberate the telephone is frequently used. Lewis (1999:98) adds that the abuser becomes sexually aroused through sexual talk with the child. This may include inappropriate remarks concerning the child's genitals or sexual comments aimed at stimulating or shocking the child.

2.3.2 Contact Abuse

2.3.2.1 Fondling

This tends to refer to the touching of the genitals, including the vaginal area, the penis and breasts of older girls. It can also include the tops of the thighs and bottom. In all cases the reason for the touching is the sexual gratification of the perpetrator (Doyle 1994:23). Although these gestures sometimes give pleasure to the child, it can be intrusive, humiliating and frightening.

2.3.2.2 Masturbation

This is often more specific than fondling and usually involves the penis or vaginal area, although it can involve the anus. Doyle (1994:24) states that usually masturbation refers to the sexual stimulation of a person's own genitals and is normally a solitary occupation. However, the term 'mutual masturbation' has been used to describe the achievement of sexual arousal, excitement and satisfaction by one person manually rubbing the genitals of another. Children can be forced or enticed to rub a perpetrator's genitals. However, the perpetrator could also rub or fondle the child's genitals.

2.3.2.3 Frotteurism

Closely allied to masturbation, frotteurism - also known as frottage - is the obtaining of sexual gratification by rubbing against the sexually desired person (Doyle 1994:24). According to the DSM-IV (American Psychiatric Association 1994:527) frotteurism involves touching and rubbing against a non-consenting person. The behaviour also occurs in crowded places from which the individual can more easily escape arrest – on busy sidewalks or in public transportation vehicles. The perpetrator rubs his genitals against the victim's thighs and buttocks, or fondles her genitalia or breasts with his hands. While doing this he usually fantasises an exclusive, caring relationship with the victim.

2.3.2.4 Simulated intercourse

Perpetrators may also achieve a masturbatory experience, according to Doyle (1994:24), by rubbing against a child who is perhaps sitting on their knee. A development of this is simulated intercourse. This involves the close contact of the genitals of the perpetrator with the victim with a rhythmical thrusting. If male, the perpetrator may rub his penis between the child's legs. Simulated intercourse can be either vaginal or anal.

2.3.2.5 Penetration

In many cases penetration is either attempted or achieved. Four types of penetration can be distinguished, according to Potgieter (1996:29):

- Genital Penetration

Penetration of the vagina by the penis, is defined as genital penetration. Sometimes penetration is only partial due to the size of the victim's vagina. Genital penetration usually takes place between a male perpetrator and a female victim. However, it is also possible between a female perpetrator and a male victim.

- Anal Penetration

Penetration of the victim's anus by the perpetrator's penis, is defined as anal penetration. This type of penetration usually manifests between male victims and male perpetrators. However, it manifests between female victims and male perpetrators as well. Doyle

(1994:25) adds that it is not uncommon to find anal penetration being used as a form of punishment.

- Digital Penetration

Digital penetration refers to the insertion of fingers. 'Fingering', according to Doyle (1994:25), is sometimes used to indicate any sexual touching with the fingers, but is very often applied to penetration of the anus or vagina by the fingers. Potgieter (1996:29) adds that digital penetration is viewed as a phase preceding genital or anal penetration. The perpetrator dilates the vagina or anus with one, two or more fingers to ensure full genital or anal penetration at a later stage.

- Penetration with objects

Children can have all manner of objects inserted into the vagina, anus or mouth. These have included bottles, knives, pencils, rose stems, enemas when there was no medical necessity and sticks. (Doyle 1994:25.) Potgieter (1996:29) adds that vaginal penetration with objects is more common.

2.3.2.6 Flagellation

Beating and whipping children, or being beaten by them, can give some adults sexual satisfaction. Beating on the bare buttocks or removing clothing or forcing children to do so, is a form of sexual abuse because the perpetrator gains sexual satisfaction. (Doyle 1994:26.) Many perpetrators would deny this, maintaining they were disciplining the child. Equally, many children, although confused, embarrassed, humiliated, uncomfortable and made to feel guilty, do not fully realise the sexual component, and have great difficulty in articulating it even if they do. Flagellation may be associated with other sado-masochistic activities in which pain is inflicted on the child, or vice versa, in ways other than beating. (Doyle 1994:26.)

2.3.2.7 Oral sex

Stimulation of the penis or the vagina with the mouth, is defined as oral sex (Lewis 1999:98). Kissing, according to Doyle (1994:26-27) can be sexualised and frequently children are frightened by the ferocity and passion of what is very different from the non-sexual gentle embrace more

usually given to children. Breasts can also be kissed, sucked, bitten and licked when the victim is a pubescent girl, or the perpetrator is a female and asks or forces the victim to kiss, suck, bite or lick her breasts.

There are various forms of oral-genital sex, according to Doyle (1994:27):

- Fellatio

Fellatio occurs when a perpetrator forces the child to lick, kiss, bite or suck his penis or when the victim's penis is put in the offender's mouth, bitten or sucked. Sometimes children are forced by adults to engage in fellatio with other youngsters.

- Cunnilingus

When a girl's vagina is sucked, licked, bitten or kissed, or the tongue is placed as far as possible into the vagina, the activity is called cunnilingus. A child may be persuaded or coerced by a woman to place the tongue in her vaginal area, while perpetrators of either sex may make children engage in this activity with each other.

- Analingus

Analingus refers to licking or kissing the anus. As with the other oral-genital activities, it may be performed on a child, or the victim may have to perform it on the perpetrator. Children may be encouraged or forced to relate in this way to other children.

There are other activities that can accompany any of the contact ones described. Doyle (1994:27) adds that perpetrators can indulge in bondage, tying up or being tied up by children. Masking tape is sometimes used as binding or a gag.

The researcher will classify the following activities under two different sub-headings - Sexual Exploitation and Sexual Abuse in Combination with Other Forms of Abuse.

2.3.3 Sexual Exploitation

In cases of sexual exploitation, according to Potgieter (1996:30), the person directly responsible for the act is not necessarily in direct contact with the victim. The responsible person is usually

involved for financial gain and not for sexual satisfaction. Two types of sexual exploitation can be distinguished:

2.3.3.1 Child Pornography

Children can be exploited for the use of pornography without having to be touched. Children may be required to dress in erotic clothes or pose in sexual positions while being filmed (Doyle 1994:22). Calcetas-Santos (2001:58) emphasises that where a child is filmed or photographed in a sexually explicit manner, she is by definition being subjected to the grossest violation of her human rights. Every pornographic photograph or videotape becomes a permanent record of that child's abuse.

2.3.3.2 Child Prostitution

Commercial sexual exploitation, and the prostitution of children, is usually defined in market-related terms. Ennew (in Barnes-September *et al.* 2000:5) describes that it assumes a buyer and a seller who enter into a contractual arrangement for sexual acts and payment for such acts in cash, food, clothing, drugs and other forms of payment. In other words, a child under the age of eighteen, is involved in sexual activities where either the child or another person benefits from the proceeds of such activities. There are currently 28 000 to 38 000 prostituted children in South African (Kreston 2004b:73).

Commercial sexual exploitation can be divided into prostituted children, trafficked children and child sex tourism. Prostitution, according to O'Connell Davidson (in Barnes-September *et al.* 2000:5), is also conceptualised as an institution where power is used by a person to procure the use of another person's body. Thus, systems of prostitution are based on the abuse of assumed or acquired power, most often patriarchal power. Children are far more likely to be forced into giving in to demands regarding price, sexual acts, and unprotected sex.

Trafficked children refers to the recruitment, transportation, transfer, harbouring or receipt of persons by means of threat or use of fraud, coercion, force (abduction), and abuse of power for the purpose of exploitation (Kreston 2004b:78). Domestic trafficking, referring to trafficking within one country, is also known as prostitution. Trafficking is currently the fastest growing source of profits

for organised criminal enterprises worldwide. It is estimated that approximately 800 000 and 900 000 people are trafficked internationally annually. (Kreston 2004b:78.)

Child sex tourism refers to a national from one country (usually a developed country) entering another country (usually developing) and sexually abusing and / or exploiting a child in that country. Currently tourists from the United States of America are the largest group of foreign sex exploiters. (Kreston 2004b:73.) Targeted countries are especially Southeast Asia, Thailand, Philippines, Cambodia and Sri Lanka. Mostly girls are targeted, but boys tend to be targeted as well. (Kreston 2004b:73.)

2.3.4 Sexual Abuse in Combination with Other Forms of Abuse

Sexual abuse may include physical or emotional abuse, the passing of urine and faeces, as well as exposure to drugs and alcohol (Faller in Potgieter 1996:31). The following forms of sexual abuse are included:

2.3.4.1 Bestiality

Offenders occasionally engage in bestiality which can be defined as sexual activities with animals. However, Potgieter (1996:34) adds that the perpetrator can also use or force the child to touch or lick the animal's genitals. The animal can also be encouraged to lick the child's genitals. Unfortunately, in most of these cases, the child's only meaningful relationship in a dysfunctional family is with an animal, and the possibility exists that this relationship may therefore be sexualised as well.

2.3.4.2 Fetishism

Fetishism is an unusual sexual fixation on particular parts of the body or garments. For example, dressing up in sexually alluring or strange clothes might be demanded. (Doyle 1994:27.) Smearing food, semen or faeces on children is not unknown. Some perpetrators gain sexual satisfaction from urinating over children - or vice versa – and drinking, or making the child drink urine. This form of gratification is called urophilia, undinism, or urolagnia.

Necrophilia is sexual gratification obtained from relations with corpses. Although, as far as is known, rare in relation to pedophilia, there are evident dangers if necrophilia is combined with a sexual orientation towards children. It could be the motivation behind a few of the cases where a child is killed by the perpetrator. (Doyle 1994:28.)

2.3.4.3 Ritual Sexual Abuse

Ritual sexual abuse, according to Kritsberg (1993:31) occurs when a child is used by one or more people as an object or sacrifice during a sadistic or satanic ceremony. The child is forced to participate in bizarre and cruel activities. Jonker (2001:30) emphasises that satanists want total dominance over their victims and often inflict unusually brutal, sadistic and humiliating types of sexual abuse. Frequently, victims are repeatedly sexually assaulted by men, women and other children; assaulted by instruments for penetration of body orifices; forced to commit sexual offences against children and infants; and subjected to forced sexual contact with animals.

However, it seems that the inclusion of ritual sexual abuse as a type of child sexual abuse, is a topic of disagreement amongst authors. Ritual sexual abuse is included as a type of child sexual abuse by only a few authors. The researcher is of opinion that as satanic ritual abuse includes sexual torture or abuse, it forms a part of the multi-faceted classification of child sexual abuse.

2.3.4.4 Child sex rings

Sex rings, according to Conradie (2001:1) is the term used to indicate the involvement of one or more adults in sexual activities with more than one child. It usually starts with what is known as solo sex rings, from which more sophisticated types of sex rings can develop. There are three types of sex rings:

- The solo sex ring

The solo sex ring consist of one adult operating alone with a small group of children.

- The transition sex ring

The transition sex ring consist of one adult who starts exchanging or selling pornographic photos of children, and tries to pressure these children into the next level, namely the syndicated ring.

- The syndicated sex ring

The syndicated sex ring consists of a well-structured organisation which is formed to recruit children, produce pornography, deliver direct sexual services and establish an extensive network of customers.

Different types of sexual activities take place in the rings – fondling and oral sex are common. Vaginal and anal sex are also present, as well as sado-masochistic activities and video-taping. (Conradie 2001:1.)

2.4 EXTRAFAMILIAL ABUSE

Sexual abuse is usually divided into categories based on the identity of the perpetrator. Crosson-Tower (1999:119) distinguishes between extrafamilial abuse and intrafamilial abuse. Extrafamilial abuse is perpetrated by someone outside the child's family. Intrafamilial abuse, or incest as it is commonly known, is sexual abuse by a blood relative who is assumed to be part of the child's nuclear family.

Bolen (2001:95) states that prevalence studies indicate that extrafamilial abuse is by far the most prevalent type of abuse. A comparison of prevalence studies to incidence studies indicates sharp discrepancies between abuse that occurs in the general population and abuse that is identified. These findings suggest that whereas the majority of all abuse that *occurs* is extrafamilial, the vast majority of *identified* abuse is intrafamilial. Only approximately 5 % of all *committed* child sexual abuse is by a biological father or stepfather and approximately 30 % of *committed* abuse is intrafamilial.

Extrafamilial abuse are mostly perpetrated by strangers, acquaintances, authority figures (including abuse by unrelated caregivers, educators, etc.), friends of the family, friends and romantic or sexual partners. Bolen (2001:110) adds that approximately 95 % of all extrafamilial abuse perpetrators are male. Thus, female and male children remain at high risk of abuse in virtually every category of non-filial male relationships. This multiplicity of relationships complicates the ability of programmes to adequately protect children from these diverse offenders.

2.5 INTRAFAMILIAL ABUSE

Intrafamilial abuse, or incest, is abuse by a relative. An individual assuming the role of a surrogate parent, such as a stepfather or live-in boyfriend, may be included in a functional definition of incest. Older siblings, who differ significantly in age or by virtue of their power and resources, may also be considered abusive (Crosson-Tower 1999:119). Lötter (in Potgieter 1996:48) describes incest as the 'silent crime'.

In the Western Cape, South Africa, in more than 60 % of all reported sexual abuse cases, the father, step-father or mother's boyfriend are the perpetrators. The balance of this percentage is made up of uncles, older brothers, strangers, teachers, doctors or other persons known to the child (Marshall & Herman 2000:15). The characters in the incest drama are varied. The most widely discussed type of incest is perpetrated by fathers against their daughters. But mothers, siblings, uncles, grandfathers, and cousins are also abusers. The victims may be sons, daughters, or other siblings, and the degree of trauma each experiences depends on numerous variables (Crosson-Tower 1999:145).

Stern and Meyer (in Crosson-Tower 1999:145) suggest three interactional patterns among incestuous families:

- Possessive-passive

The possessive-passive pattern is often referred to as the patriarchal family, where the father sees his wife and children as possessions. The mother tends to be passive, insecure, and often withdrawn. She acquiesces to her husband's domination and is often unable to protect her daughter. Since the daughter has learned to see her father as the undisputed head of the family, she is vulnerable. The father turns to his daughter for sex for a variety of reasons, but largely as an abuse of power.

- Dependent-domineering

This pattern is characterised by a strong, domineering woman and a weak, inadequate man. The father looks to his wife for support and nurturing, and she treats him as she does their children. The father allies himself with his children much as he would siblings, so that many children of these liaisons describe their fathers as sharing and

loving and their mothers as cold and rejecting. The father may be prone to outbursts of anger and spend much of his energies compelling others to meet his needs. Eventually the mother feels that her own needs are not being met and withdraws from the husband and the children. The more the mother is absent, the more the daughter is required to perform housekeeping tasks, and the father then turns to her for his emotional and sexual needs.

- Dependent-dependent

The third pattern is that of a dependent-dependent relationship between spouses. Two needy, dependent individuals come together, each with the anticipation that his or her needs will be magically met by the spouse. Both the mother and father experienced abuse or deprivation in their childhoods. The couple clings to each other in desperation, but since they are of no emotional support to each other, they turn to their children for nurturance. Often the oldest daughter assumes the role of surrogate mother and sees her task as keeping the family together. As she continues in her role, the father sees her as a rival to his wife, and because his daughter appears to be more nurturing, he turns to her for comfort. The daughter in such a family is endowed with a great deal of power and status. The victim usually repressed anger toward her mother for not protecting her.

It is difficult to assign blame to anyone but the perpetrator in an incestuous family, and yet his behaviour is often based on his own victimization. The fact remains that every member of the abusive family contributes to the homeostasis of that system and is therefore a principal figure in the pathology.

2.6 THE PRECONDITIONS FOR SEXUAL ABUSE

Finkelhor (in Reece 1994:187) described four preconditions for sexual abuse:

- The first precondition: Motivation to Abuse

The offender must in some way want to abuse children. The first precondition is an abuser whose motivation to abuse children comes from 'emotional congruence', often secondary to abuse as a child, sexual arousal by children, and the inability to have

appropriate sexual relationships with peers. Some people may only achieve power and control through erotic activities with children. Yet others have never learnt to impose sexual boundaries and cannot distinguish between sex with adults, children or animals.

- The second precondition: Overcoming Internal Inhibitions

The second precondition is the ability of the abuser to overcome his own internal inhibitions or moral standards to abusing children. Many offenders manage to convince themselves that under certain circumstances sex with children is permissible.

- The third precondition: Overcoming External Inhibitions

The third precondition requires overcoming external inhibitors to abuse, such as the protective parent or normal boundaries between family members or between children and adults in general. Perpetrators need to be able to indulge in sex with children relatively undisturbed, and most do not want to get caught.

- The fourth precondition: Overcoming the child's resistance

The final precondition is overcoming the resistance of the child through use of pressure, seduction, or coercion. This can be achieved through a careful choice of a lonely child longing for attention. It may be through a gradual and gentle seduction, slowly and patiently winning the child's trust and confidence; or it may be through the use of brute force to make a child submit.

The process of sexual victimization usually occurs in the context of a relationship and is accompanied by behaviours designed to engage the child in the sexual activity and permit the abuse to go on over time. Grooming is the term used to describe how the perpetrator prepares the child for sexual abuse. It includes emotional and physical manipulation over a period of time. Grooming does not end but usually runs parallel with the sexual abuse to keep the victim disempowered. The time frame for grooming can be from six months to a year, and in many ways the grooming of victims is often more psychologically damaging than the actual abuse - especially in the incest cases - because the fine line between love and sex has been breached by the trusted

parent (Marshall & Herman 2000:16). Three types of grooming can be distinguished, according to Leberg (1997:28 - 35):

- Physical Grooming

Physically grooming the victim usually begins with behaviours that children and adults would consider 'normal' and appropriate. The offender will wrestle, tickle, cuddle, hug or play touching games with the victim, often in the presence of other adults and children. Later, usually when alone the offender begins to touch the private areas of the victim's body. If the victim appears uncomfortable or resists in any way, the offender can retreat, going back to whatever activity the child was last comfortable with. It is emphasised that one should never underestimate the degree of sophistication that pedophiles will use to entice children.

- Psychological Grooming

Physical grooming is often accompanied by psychological grooming. Psychological grooming refers to all of the verbal statements (or other communication) that the offender uses to reduce the child's resistance. The offender uses his verbal advantage and life experiences to manipulate the child in whatever way he chooses. For example, the offender may carry on playful chatter, distracting the child from inappropriate behaviour such as touching her breasts or genital areas. Intimidation may also be a conscious part of psychological grooming.

- Grooming of the social environment or the community

Most offenders, however, take grooming one step further and groom persons outside the home. Some offenders spend considerable energy grooming their friends, relatives, acquaintances, and professional associates, either to foster situations in which they can molest or to create allies who will aid them in their defence if allegations are made against them. To avoid suspicion, he will also involve himself in adult activities when children are conspicuously absent.

According to Wieland (1997) a child internalises experiences of self and of self in relation to others during childhood. Internalisation is defined as the taking in and the processing of the meaning of

outer experiences as they relate to the self. The child will internalise certain messages to create an internal working model which will finally become the base from which the child will respond or interact with the outer world. As a child grows, from the time of infancy, the concept of self develops and with it a consciousness of the body as well as the importance of body boundaries, which in the end is a distinction between the self and others. In order for the child to develop healthy interactions, the boundary of the body and/or self must be crossed, as the child has to be touched in a positive way by physical caring and emotional nurturance.

After having gained mastery over these areas, the child will selectively allow others into specific areas to the extent to which the child is comfortable with that specific person. If an adult is not care-taking or nurturing and does not take into account the child's needs and the extent to which the child wants to be in control of her interaction with others, the child experiences intrusion into these areas as disruptive. (Potgieter 2000:34.) Potgieter (in Potgieter 2000:34) describes intrusion as a process by which the child progressively loses control over different areas of her life, over which the child had previously gained mastery.

Wieland (1997) mentions that all children who are sexually abused experience intrusion, self-related information, threats, and acts of abuse and memories of no protection in the circumstances of abuse. The perpetrator tends to progressively penetrate one boundary after the other and eventually also breaks the boundary of the genital area and sexually abuses the child. According to Wieland (1997) the child may have no cognitive recognition of the intrusion but will experience both emotional and physical intrusion and may experience it as a 'yucky' feeling or the feeling of being damaged.

2.7 THE CHARACTERISTICS OF THE ABUSIVE SITUATION

The abusive situation has unique dynamics, Ryan and Blum (1994:13) agree by stating that in order to define sexually abusive behaviour, it must be recognised that it is not the sexual behaviour which defines sexual abuse. The behaviours are usually normal human behaviours but it is the nature of the relationship and the interaction between two people which defines abuse. The following characteristics, according to McGregor (1993:27), shed further light on the understanding of the dynamics of the abusive situation:

2.7.1 Lack of consent

It has been argued that children are not capable of giving consent to sexual behaviour. Informed consent requires that the child fully understands what she is giving consent to, including the consequences. In addition, the child must have the power, either physically or psychologically, to refuse such contact. Seeing as sexually abusive behaviour usually progresses from less sexual to more sexual, it could hardly be argued that the child was aware of what she was giving consent to.

2.7.2 Ambivalence

Perpetrators usually have a good relationship with the victim, in that they provide her with attention and special privileges. Thus the sexual part of the relationship causes a great deal of confusion and feelings of ambivalence. Sometimes some part of the sexual behaviour itself may feel physically pleasant to the child, and this causes great confusion because the child is usually aware that what is happening is 'wrong'.

2.7.3 Exploitation

The very nature and context of sexual abuse means that exploitation is always present in some way. The abuser exploits various situations in the relationship in order to gain compliance, and the victim becomes merely a means to satisfy the sexual gratification of the abuser.

2.7.4 Force

Physical and psychological force may be used to exercise power over the victim. Physical force, such as holding a person down or becoming violent, has been identified as occurring in a number of situations. More common, however, is the use of psychological force through various means. The abuser may threaten the child with various dire consequences if compliance is not forthcoming. Once the first instance of abuse has taken place, the abuser may maintain the abusive situation by threatening other people. To a child who feels like an accomplice, this will be a powerful reason to continue in this situation.

2.7.5 Secrecy

Children can only be sexually abused if an atmosphere of secrecy is maintained. As a result, abusers go to great lengths to ensure that the child maintains secrecy, and children are often

threatened. This places enormous strain on the child who not only has to deal with the results of the abuse itself, but at the same time has to ensure that the knowledge of it is kept away from other people.

Ryan and Blum (1994:13) add another characteristic:

2.7.6. Absence of Equity

Equity conveys the balance of power or authority within a relationship. When two people are equal, they have the same level of power and authority. Tendencies of an unbalanced and unequal relationship are differences in age, physical size or intellectual ability. Gill and Johnson (1993:31) mention that the absence of equity implies a difference in status.

2.8 THE PROGRESSION OF CSA

There is usually a progression in the sexual abuse of a child. The perpetrator may 'try out' behaviours to measure the child's comfort. If the child allows the perpetrator to continue, the abuse is intensified. Crosson-Tower (1999:120) describes the following progression:

- Nudity (on the part of the adult)
- Disrobing (of the adult in front of the child)
- Genital exposure (by the adult)
- Observation of the child (bathing, dressing, or excreting)
- Kissing the child in a lingering, inappropriate manner
- Fondling (of the child's breast, genital area, thighs, or buttocks)
- Masturbation (mutual or solitary)
- Fellatio – oral stimulation of the penis (to the perpetrator or the child)
- Cunnilingus – oral stimulation of the vaginal area (to the perpetrator or the child)
- Digital penetration (of anus or rectum)
- Penile penetration (of the vagina)
- Digital penetration (of the vagina)
- Penile penetration (of anus or rectum)
- 'Dry intercourse' (the rubbing of the perpetrator's penis on the genital or rectal area, inner thighs, or buttocks of the child)

Not every case of sexual abuse progresses in the same manner, but generally there are five separate phases of child sexual abuse. Certainly, a longer-term relationship between the child and the perpetrator allows for a more leisurely progression over a period of time. Crosson-Tower (1999:121 - 122) describes the five phases as follows:

2.8.1 Engagement Phase

During the engagement phase, the perpetrator gains access to the child, engages her, and conveys to the child that the behaviour is acceptable. Often this is accomplished by his misrepresentation of moral standards – for example, he may say to a child, ‘This is the way adults teach kids about sex’. Perpetrators use a variety of methods to elicit cooperation. Basically, perpetrators play on children’s need for human contact and affection, their need for adult approval, their enjoyment of games, and their interest in material rewards. Children’s awe of adults and recognition of their own powerlessness provide the perfect opportunity for the perpetrator. This process is referred to as grooming.

2.8.2 Sexual Interaction and Secrecy Phases

The second phase is sexual interaction, or the actual sexual contact. The abuse may range anywhere from watching or fondling a child to sexual intercourse. Often the longer the abuse has gone on, the more advanced and complex it becomes. The third, or secrecy phase, ensures that the abuse can continue as the perpetrator uses his power to dominate, bribe, emotionally blackmail, or threaten the child into keeping the secret.

2.8.3 Disclosure Phase

Disclosure may or may not occur during childhood. Many adult victims of child sexual abuse attest that this phase may not be realised until adulthood. During disclosure, the abuse is uncovered either purposefully (the child tells an adult or the perpetrator seeks help) or accidentally (the participants are observed or the child demonstrates physical or emotional trauma resulting from the abuse). Children with genital or vaginal tears, venereal disease, or age-inappropriate sexual behaviour or knowledge often give clues that are interpreted as indicators of abuse.

2.8.4 Suppression Phase

The final phase, or suppression stage, occurs when those close to the child, as a result of their own abhorrence of the issue or fear of scandal, stigma, or consequences, encourage and often compel the child to recant or forget the abuse. The pressure the child feels often elicits a recantation, and treatment or prosecution becomes difficult or impossible. For such abused children there are interviewing techniques that include preparing children for the possibility they will be asked to recant. With this preparation and support from the helping system, fewer children are placed in the position of feeling they must deny what has happened to them.

Whatever the semantics or the categories citing its damage and progress, sexual abuse is the use of sex by an adult to gain power, dominance and control over a child. The child is manipulated through force, coercion, cajoling, enticement, and threat to comply with the adult's desires. It is natural for children to 'participate' because of their awe, trust, respect, or love for the adult.

2.9 PERSPECTIVES ON THE PERPETRATORS

Effective intervention in abuse cases must focus primarily on the child victims. However, Doyle (1994:43) emphasises that an effective intervention also requires an understanding of the issues and a clear appreciation of the role of the perpetrators is essential. Men account for the overwhelming number of child abusers, both inside and outside the family. This has been found to be the case irrespective of the ways figures were collected.

Paraphilias, according to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association 1994:523), are recurrent, intense sexually arousing fantasies, sexual urges, or behaviours generally involving (1) non-human objects, (2) the suffering or humiliation of oneself or one's partner, or (3) children or non-consenting persons, that occur over a period of at least 6 months. One type of paraphilia is pedophilia.

The paraphiliac focus of pedophilia involves sexual activity with a prepubescent child (generally age thirteen years or younger). The individual with pedophilia must be age sixteen years or older and at least five years older than the child. For individuals in late adolescence with pedophilia, no precise age difference is specified, and clinical judgment must be used; both the sexual maturity of the child and the age difference must be taken into account. Individuals with pedophilia generally

report an attraction to children of a particular age range. (American Psychiatric Association 1994:527.) Some individuals prefer males, others females, and some are aroused by both males and females. Some individuals are sexually attracted only to children (Exclusive Type), whereas others are sometimes attracted to adults (Non-exclusive Type). Kreston (2004a:2) explains that associated terms used with pedophilia are hebephilia (a specific interest in adolescents) and infantaphilia (a specific interest in infants). It is estimated that 18 % of pedophiles have associated paraphilic behaviours – a pedophile may therefore present with various associated paraphilias.

There is no unique profile for a pedophile. Crewdson (in Potgieter 1996:54) states that pedophiles can be rich or poor, smart or stupid, boring or charming, failing or successful, black or white. Except for the fact that they like to be with children, they look and act pretty much like anybody else. Kreston (2004a:1) adds that a pedophile's behaviour may peak and trough from, for example, 'peeping tom' behaviour to assault or homicide and then back to 'peeping tom'.

The most widely used categorization to explain the motivations of perpetrators is Groth's (1979:176-177) typology of the fixated and regressed pedophile.

- The Fixated Offender

The fixated offender is one whose primary orientation is to children, predominantly male children. His compulsive, premeditated abuse is based on his need to repeat his own past victimization. Emotionally, he is fixated in adolescence and his maladaptive resolution of life issues creates an individual who is not distressed or guilty about his behaviour. He has little heterosexual interest in females unless the woman has children of the age (usually at the age at which he himself had been abused) that interests him.

- The Regressed Offender

The regressed offender is one who has achieved a tenuous development level in adulthood, but who is motivated by crises and conflicts to regress to an interest in children. He chooses primarily female children in an attempt to find an undemanding adult female substitute and sees this child as a mini-adult. This individual's abuse is impulsive and episodic, precipitated by stress. He often seeks closeness and an 'all-

loving mother'. The regressed offender may also co-exist sexually with a partner, often appear to maintain a relatively normal relationship, and may be involved in the use or abuse of alcohol.

Conte (in Howitt 1995:19) stresses the inadequacy of the abovementioned theory as it is based on clinical experience with incarcerated offenders which may limit its usefulness when applied to the general community and it lacks validation of research. He is also concerned about where the incestuous father fits in as incest is different from extrafamilial abuse.

A more promising approach, according to Howitt (1995:25) is the taxonomic analysis offered by Knight (1992:24-70). He describes six different extant typologies of pedophilia:

- Interpersonal type: high contact with children, this is the object-related offender who seeks a general relationship with children.
- Narcissistic type: high contact with children but the motivation for contact is exclusively sex. Usually genital activity is high in this type.
- Exploitative type: low contact with children, low physical harm.
- Muted sadistic type: also low contact with children, low physical harm.
- Non-sadistic aggressive type: low contact, high physical damage, clumsiness and the like might account for damage.
- Sadistic type: low contact, high physical damage.

However, the researcher is of the opinion that such a typology is highly dependent upon the sample on which it was based, but further research is urged to establish the reliability and workability.

The age characteristics of pedophiles provide some insight into the nature of offending. The distribution of offenders' ages, according to Howitt (1995:27) demonstrate three peaks:

- The Adolescent Group: these are largely characterised by an immaturity of psychosexual maturation, which results in a sexual interest in younger people. As they mature and become attracted to older females, the socially unacceptable aspects of their sexual interests disappear. The age difference between these adolescents and their child partners indicates their lack of psychosexual development as well as the cause of society's disapproval.
- The Middle-Aged Group: most people's involvement with children decreases after adolescence. Siblings, and attendance at school and recreational facilities ensure that adolescents have contact with children. There is a decline in contact with children that continues up to and through the third decade of life. During one's 30's children begin to feature more in the life cycle, so that the middle-aged group are socially involved with their own and friend's children. This group is involved with children averaging 11 years of age.
- The Old-Age Group: despite the grandfather role, this age group has no special proximity to children. Many may have ceased sexual activity and become increasingly socially withdrawn. A large proportion of the sexual incidents happened during play and games, as it seems that many of these people appear to be more comfortable with children than adults.

Attempts to classify offenders have proven to be of very limited validity. Nevertheless, it does help to highlight the problematic nature of some of the conventional notions about offenders.

2.10 CSA: RISK FACTORS

Researchers and clinicians agree that the exact incidence and prevalence of CSA in the general population is not known precisely, due to the fact that (a) most cases are not reported when they occur, and (b) prevalence surveys show considerable variability as a result of differences in research methodology (Berliner & Elliot in Intebi 2003:8). Despite these methodological limitations, it is generally acknowledged that a significant proportion of children are at risk for being sexually abused.

Risk factors related to the child, family and perpetrator are considered (Intebi 2003:8-11):

2.10.1 Risk factors related to children in the general population

- Girls are at higher risk for sexual abuse than boys;
- Both girls and boys are at increased risk if they have lived without one of their natural parents, have a mother who is unavailable, or perceive their family life as unhappy;
- Males who have been sexually abused are at an increased risk of becoming sexually abusive;
- Girls living with stepfathers are at an increased risk compared to girls living with biological fathers;
- Children with handicaps or developmental delays are at an increased risk compared to non-handicapped children.

Miller-Perrin and Perrin (1999:115) add that concerning the age of victims, definitional restrictions limit the upper range typically to 16 – 18 years, but at the lower age range, children as young as three and a half months have been reported for CSA. Cases on the extreme ends of this continuum are less common, and most clinical studies and official estimates indicate the mean age of children reporting abuse as 9 to 11 years. Retrospective studies of adults support the findings that middle childhood (approximately 7 to 12 years of age) is the most vulnerable period for CSA.

2.10.2 Risk factors relating to the re-victimization of sexually abused children

Hewitt (1999) affirms that each child and each alleged offender brings to a case both strengths and weaknesses and she suggests a list of factors therapists need to consider when assessing case vulnerability. She considers low-risk children as being those who:

- are clear about their own boundaries and capable of stating them;
- have sufficient ability to verbalise;

- are capable of recognizing problems and talking about them;
- are assertive and confident in voicing their own views and concerns despite adult opposition; and
- are usually older than pre-schoolers.

On the other hand, high-risk children – in danger of being re-victimised - are younger children, or older children who are passive, dependent, withdrawn, anxious, fearful, powerless, and unable to articulate concerns.

2.10.3 Risk factors related to families in the general population

According to Berliner and Elliot (in Intebi 2003:9) empirical studies have shown that families of both incest and non-incest sexual abuse victims are reported as less cohesive, more disorganised and generally more dysfunctional than families of non-abused individuals. Leventhal (1998: 481 – 491) examined a few studies about family factors in detail. He mentions one of the few longitudinal studies of risk factors for sexual abuse and the five major risk factors identified were:

- Female gender of the victim;
- Marital conflict;
- Poor parental attachment;
- Paternal overprotection; and
- Parental alcoholism or problems with alcohol.

Other studies of family factors have identified additional risk factors, such as mothers who have not finished high school or who are sexually repressive / punitive, fathers who show no physical affection, parental drug abuse, a poor parent-child relationship, and a parent with emotional instability (Finkelhor in Intebi 2003:9).

2.10.4 Risk factors related to the families of sexually abused children

Hewitt (1999) indicates the following list of high-risk families, specifically related to high-risk parenting:

- Parents who minimise or deny their own involvement in the child's allegation;
- Parents who project anger onto others;
- Parents who accept no responsibility for their own behaviour;
- Parents who are domineering, insensitive, impulsive, explosive, angry or demeaning;
- Parents who display no empathy, maintain a narcissistic focus, have a history of anti-social behaviour, consistently display poor boundaries relative to feelings or touch with the child;
- Parents who have sexualised interactions with the child although no sexual abuse is seen specifically.

Leventhal (1998) emphasises that the risk factors need to strengthen the understanding of how sexual abuse occurs, as well as assist the identification of characteristics to prevent sexual abuse from occurring in individuals and families.

2.11 SYMPTOMS OF CSA

Miller-Perrin and Perrin (1999:124 – 125) describe the most common symptoms associated with CSA for pre-school, school-age and adolescent children. The asterisk (*) indicates the most common symptoms for each age group.

Table 2.1 The Symptoms of CSA

Behavioural	Emotional	Cognitive	Physical
Preschool Regression Social withdrawal	Anxiety* Clinging	Learning Difficulties	Bruises Genital bleeding

Sexualised behaviour* Sexual preoccupation* Precocious sexual knowledge Seductive behaviour* Excessive masturbation* Sex play with others* Sexual language* Genital exposure* Sexual victimization of others* Family/peer conflicts Difficulty separating Hyperactivity	Nightmares* Fears Depression Guilt Hostility/anger Tantrums Aggression		Genital pain Genital itching Genital odours Problems walking Problems sitting Sleeping problems Eating disturbance Enuresis Encopresis Stomach-ache Headache
School Age Regression* Social withdrawal Sexualised behaviour* Sexual preoccupation* Precocious sexual knowledge Seductive behaviour Excessive masturbation Sex play with others Sexual language Genital exposure Sexual victimization of others Delinquency Stealing Poor peer relations Hyperactivity	Anxiety Phobias Nightmares* Fears* Obsessions Tics Hostility/anger Aggression Family/peer conflicts Depression Guilt Suicidal Low selfesteem	Learning difficulties* Poor concentration Poor attention Declining grades Negative perceptions Dissociation	Genital pain Genital itching Genital odours Problems walking Problems sitting Sleeping problems Eating disturbance Enuresis Encopresis Stomach-ache Headache
Adolescent Social withdrawal* Self-injurious behaviour* Sexualised behaviour Sexual preoccupation Precocious sexual knowledge Seductive behaviour Promiscuity Prostitution	Anxiety Phobias Nightmares Obsessions Hostility/anger Depression* Guilt Suicidal*	Learning Difficulties* Poor concentration Poor attention Declining grades	Stomach-ache Headache Genital pain Genital itching Genital odours Problems walking Problems sitting Pregnancy

Sexual language Sexual victimization of others Delinquency* Running away* Early marriage Substance abuse* Truancy Dropping out of school Stealing Poor peer relations	Low selfesteem		Eating disturbance* Possible immune system dysfunction Sleep disturbance*
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(Miller-Perrin & Perrin 1999:124 – 125).

Kendall-Tackett (Miller-Perrin & Perrin 1999:125) concluded that one of the two most common symptoms in sexually abused children is sexualised behaviour (overt sexual acting out toward adults or other children, compulsive masturbation, excessive sexual curiosity, sexual promiscuity, and precocious sexual play and knowledge).

The other most frequent problem is Posttraumatic Stress Disorder (PTSD) symptomatology, which includes difficulties such as nightmares, fears, feelings of isolation and an inability to enjoy usual activities, somatic complaints, symptoms of autonomic arousal (easily startled), and guilt feelings.

2.12 THE IMPACT OF CSA

2.12.1 Degree of Trauma

Not every child is affected by CSA in the same way, Crosson-Tower (1999:128) states the degree of trauma a child experiences depends on several variables:

- The type of abuse

Some victims of family incest appear to be more deeply affected than those who were abused by someone outside the family. Yet abuse by non-family members who have either meant a great deal to the victim or who have been sadistic or violent, can also have profound effects.

- The identity of the perpetrator

When the relationship with the perpetrator was close, the victims describe being more significantly traumatised. This trauma is based on the betrayal of trust that abuse by a family member or trusted individual represents. Daughters abused by fathers demonstrate less trauma in adulthood than those abused by mothers. The experiences of boys abused by fathers appears to be more negative. Sibling incest is drawing increased attention as producing more trauma than previously recognised.

- The duration of the abuse

Most abuse in incestuous families takes place from one to three years before disclosure. Abuse that continues for a period of time, rather than an one-time incident or series of incidents, seems to create more trauma. The exception is when the one-time incident involved violence or sadism.

- The extent of the abuse

Although any type of misuse can cause traumas for children, a perpetrator who takes a child further along the progression, or does more physical damage to the child, seems to create more residual effects.

- The age at which the child was abused

Developmentally, children pass many milestones. Each interrupted developmental stage will cause its own particular effects.

- The first reactions of significant others at disclosure

Most children attempt to tell at least one adult of the victimization. Individuals who decide to tell a trusted adult may receive help that can lessen the impact. Securing therapeutic aid, however, is often based on the reactions of those who first hear of the abuse.

If the adults in the child's life are not willing to believe the child, she may be blamed or forced to keep the guilty secret into adulthood.

- The point at which the abuse was disclosed

Children who try to tell and are not believed, or who do not have the confidence in their protection to disclose, may keep their secret to adulthood. Treatment of adult survivors indicates that the secret keeping does, in fact, compound the trauma.

- The personality structure of the victim

Children differ in as many ways as perpetrators. One child abused in a similar manner as another might react totally different.

2.12.2 The Initial and Long-term Effects of CSA

The consequences associated with CSA can be classified as either initial effects (occurring within 2 years following the abuse) or long-term effects (consequences beyond 2 years subsequent to the abuse). For initial effects, investigators have identified a wide range of emotional, cognitive, physical and behavioural problems. The specific manifestations of symptomatology appear to depend on the developmental level of the victim (Miller-Perrin & Perrin 1999:124). Gill and Johnson (1993:27) describe the initial effects of CSA as follows:

Table 2.2 The initial effects of CSA

Developmental Phase	Behaviour
Pre-school Children	Physical symptoms Sexualised behaviour Regression / Immaturity Enuresis Encopresis
Primary School Children	Low self-esteem Scholastic problems Sleeping problems Psychosomatic reactions Abdominal pain Sexualised behaviour (less than during the pre-school phase)
Adolescence	Low self-esteem Running away from home Sexual Abuse Accommodation Syndrome

	Recanting Self-destructive behaviour Depression Pregnancy
Adults	Long-term denial Avoiding recalling related information Sudden recall of the abuse during pregnancy or when giving birth Intense fluctuation of emotions Suicidal tendencies Anger outbursts Silently cursing the perpetrator Recalling information related to the abuse when her own child reaches the age she herself was abused at

(Gill & Johnson 1993: 27).

This table emphasises that each developmental phase has its own unique effects and dynamics of CSA. The researcher is of the opinion that the initial effects and the symptoms for identifying abuse (as previously discussed in 2.12) can be used collaboratively to aid understanding of CSA.

A history of CSA has been associated with a variety of symptoms, such as emotional reactions including depression and anxiety (Miller-Perrin & Perrin 1999:126). The following possible long-term effects are associated with CSA (Miller-Perrin & Perrin 1999:128):

Table 2.3 Possible Long-term Effects of CSA

Type of Effect	Specific Problem	Specific Symptoms
Emotional	Depression	Depressed affect Suicidality Low selfesteem Guilt Poor self-image Self-blame
	Anxiety	Anxiety attacks Fears Phobias Somatic symptoms

<p>Interpersonal</p>		<p>Migraine Stomach problems Aches and pains Skin disorders Difficulty trusting others Poor social adjustment Social isolation Feelings of isolation, alienation, insecurity Difficulty forming or maintaining relationships Parenting difficulties Sexual re-victimization Physical re-victimization</p>
<p>PTSD Symptomatology</p>	<p>Re-experiencing</p>	<p>Intrusive thoughts Flashbacks Nightmares</p>
<p>Sexual adjustment</p>	<p>Numbing / avoidance</p> <p>Associated symptoms</p>	<p>Dissociation Amnesia for abuse events Disengagement Emotional numbing Out-of-body experiences Poor concentration Anorgasmia Arousal / desire dysfunction Sexual phobia / aversion Sexual anxiety Sexual guilt Promiscuity Prostitution Dissatisfaction in sexual relationships</p>
<p>Behaviour dysfunction</p>	<p>Eating disorders</p> <p>Substance Abuse</p>	<p>Bingeing Purging Overeating Alcoholism Illicit drugs Cutting body parts</p>

	Self-mutilation	Carving body areas Hitting head or body with or against objects
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(Miller-Perrin & Perrin 1999:128).

Several aspects of the abusive situation are associated with increased symptomatology in both child victims and adult survivors. Perhaps the most consistent finding is that threats, force, and violence by the perpetrator are linked with increased negative outcomes (Beitchman *et al.* in Miller-Perrin & Perrin 1999:129). Studies have also demonstrated that the least serious forms of sexual contact (unwanted kissing, touching of clothed body parts) are associated with less trauma compared with more serious forms of genital contact (vaginal or anal intercourse). Most studies indicate that abuse perpetrated by fathers, father figures, or individuals having an intense emotional relationship with the victim is associated with more severe consequences. In addition, when victims are exposed to multiple forms of child maltreatment (sexual and physical abuse for instance), they exhibit increased symptomatology (Miller-Perrin & Perrin 1999:129).

The psychological consequences of childhood sexual victimization can extend into adulthood and affect victims throughout a lifetime. It therefore remains imperative that each professional in the helping profession be fully aware of the different symptoms and effects to be able to effectively assess and intervene.

2.12.3 Effects of CSA on the emotional developmental phases of the child

2.12.3.1 Erik Erikson's Theory

The life span was divided into eight stages by Erikson (1963). Each stage is characterised by a crisis – a situation in which the individual must orientate herself according to two opposing poles. Each crisis is brought about by a specific way of interaction between the individual and society. On the one hand, the maturation of individuals brings about new needs and possibilities in them. On the other hand, society sets certain corresponding expectations and offers certain possibilities. (Erikson 1963.)

The solution of each crisis does not, however, lie simply in choosing the positive pole. Instead, it lies in a synthesis (combination of the two opposites at a higher level) of the two poles,. This will

result in a new life situation from which the two opposing poles of the next stage arise. When the crisis of one stage has been solved successfully, this will lead to the solution of the next crisis. However, when the crisis of one stage has not been solved successfully, it remains present and must still be handled (Erikson 1963; Meyer & Van Ede 1998:51).

The emotional developmental phases of the child may be significantly impacted by CSA. For the purpose of this study, the first five phases will be considered:

- Phase 1: Basic trust versus mistrust (synthesis: hope)

During this stage, which coincides with the first year of life, the child must develop a feeling of basic trust. At the same time, she must overcome a feeling of basic mistrust (Meyer & Van Ede 1998:51).

However, it is not likely that a child experiencing CSA will be able to develop trust in the adult.

The child's first contact with the world is through the whole body, but particularly through the mouth. The most important social behaviour is incorporation – the taking in of food, warmth, love and, later, a variety of impressions through the senses. The quality of children's relationship with their mother is of prime importance in the development of trust. (Meyer & Van Ede 1998:52.)

Children's incorporative interaction with the environment gradually becomes more active as their motor and physical development proceeds. A healthy synthesis between basic trust and mistrust will equip children well in dealing courageously but carefully with new situations. This synthesis, which Erikson characterises with the word *hope*, is of great importance throughout life. (Meyer & Van Ede 1998:52.)

According to Wieland (1997) a child who is abused, experiences both abuse and lack of protection. It is extremely important for the child that a significant person protects her from abuse. It is also stated that although certain memories may be suppressed, the emotions of anger, fear and sadness often remain and the child cannot associate these feelings with any specific incident.

- Phase 2: Autonomy versus shame and doubt (synthesis: will-power)

During this stage, which covers roughly the second year of life, the child has the task of developing a sense of autonomy (independence) and, at the same time, overcoming a feeling of shame and

doubt. This is a time of rapid physical maturation, so that the child is capable of greater self-control and movement than before (Meyer & Van Ede 1998:52).

Physical maturation thus allows children to have greater autonomy and to follow their own will. The excretory function, in which the children now acquire the ability to hold back or let go, is the prototype for a variety of actions. But greater autonomy and freedom bring children into contact with rules and standards of behaviour. This, in turn, leads to the possibility of failure and consequently shame and doubt about their own abilities. This conflict between freedom and discipline is, however, essential for the development of children's moral conscience. (Meyer & Van Ede 1998:52.) CSA represents a situation where the perpetrator gradually takes control of the child's autonomy and body control. The loss of control is associated with shame and doubt about the child's own abilities. According to Ryan and Blum (1994) children's first reaction whenever they are sexually abused, will be to ask the question 'why did it happen to me?' Wieland (1997) states that the secrecy around the sexual abuse will create in the child the question 'why me?', this often leads to the answer 'because of me'.

- Phase 3: Initiative versus guilt (synthesis: purpose)

This stage, which lasts approximately ages three to six years, is characterised by the task of learning to show initiative while at the same time overcoming a feeling of guilt. Children's greater freedom of movement and autonomy enables them to act more independently than before so that they can now begin to explore their world with a new sense of purpose. They make contact with a wider circle of people and learn how to manipulate all sorts of things. Children begin to devote themselves to learning their gender role, in which identification with the parent of the same sex plays a major part. (Meyer & Van Ede 1998:52.)

When a boy is sexually abused by a male perpetrator at this stage, he may present with feelings of inferiority, passivity, guilt, helplessness and possible confusion with regards to his gender role. The girl abused during this phase, may experience sexual stimulation and intense feelings of guilt. (Potgieter 1996:99.) Wieland (1997:23) adds that the child becomes unsure of what she is feeling and often ends up hating herself for loving the abuser and hating herself for hating the abuser, a total double-bind.

- Phase 4: Industry versus inferiority (synthesis: competence)

This stage, which lasts from the age of six until the beginning of puberty, more or less covers the primary school years. The tendencies, according to Meyer and Van Ede (1998:53), of the previous stage are continued with renewed vigour or strength. Children aim at mastering certain skills required for adult life and society helps them by providing schooling. Achieving success becomes important to the child. The child wants to play with and compete against friends, preferably of the same sex. CSA impacts the child's impulse control and therefore influences her abilities to achieve success. Instead of feeling good about herself, the child experiences feelings of helplessness and inferiority. (Potgieter 1996:99). Wieland (1997) confirms that the intrusion causes the child to internalise that 'I am damaged' and 'I am powerless'. This may finally lead to behaviour reflecting helplessness or aggression.

- Phase 5: Identity versus role confusion (synthesis: reliability)

This stage, which lasts from approximately the age of twelve until twenty, has the central task of achieving and developing an identity. The individual must gain certainty about her own characteristics, her social identity and her own values and ideals. The internal cause of the identity crisis lies in the physical and psychological changes that begin with puberty, namely changes in the physique, the intensification of drives (particularly the sexual drive) and the reproductive ability that comes with sexual maturity. (Meyer & Van Ede 1998:53.) CSA influences the adolescent's identity as she feels emotionally damaged, fragmented and helpless. CSA contributes to an identity crisis. (Potgieter 1996:100.) The researcher wants to add the Self-Actualisation Theory of Abraham Maslow to emphasise the significant impact abuse has on an individual.

2.12.3.2 The Self-Actualisation Theory of Abraham Maslow

Maslow's view of humankind is essentially optimistic. He acknowledges the positive aspects of human nature – the person's dignity, her active will to develop, and he stresses the person's functioning as an integrated whole. According to Maslow the tendency towards self-actualisation is the motive that underlies all behaviour. (Meyer, Moore & Viljoen 1997:438.)

Maslow believes that human behaviour can be explained in terms of need gratification. He presents the human as a 'yearning being' who is seldom satisfied because sooner or later one need

gratified, then another surfaces. Need gratification is not merely a means of relieving tension or frustration, it is also the basis for growth and the realisation of an individual's full potential through self-actualisation. People have certain basic needs, which are hierarchically arranged. They are biological, safety, love, and esteem needs. These must be satisfied before the need for self-actualisation, which is at the top of the hierarchy, becomes apparent. (Meyer, Moore & Viljoen 1997:438.) Figure 2.1 illustrates Maslow's view regarding the needs of a person.

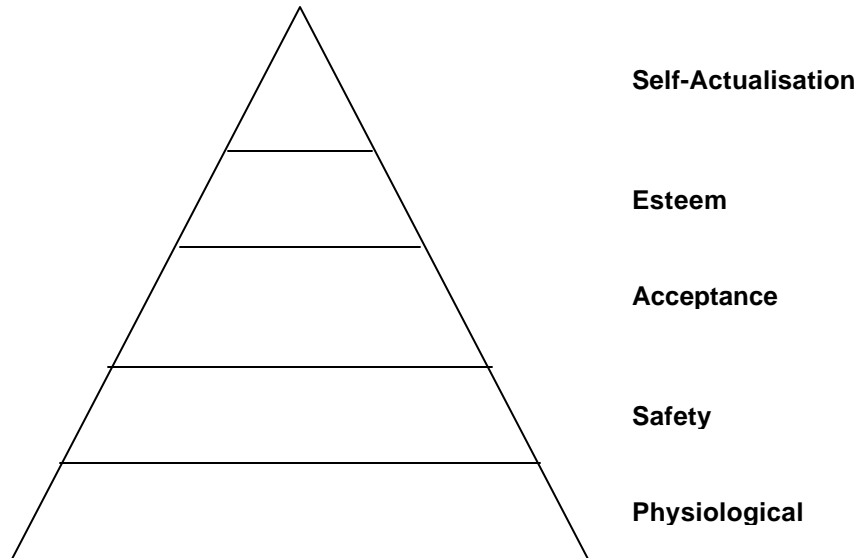


Figure 2.1 The Self-Actualisation Theory of Maslow

However, because a person depends to a large extent on the environment for the gratification of her basic needs, few people in the society actually achieve the ideal of self-actualisation. According to Maslow the fact that needs are arranged in a hierarchy means that the person's development progresses through successive stages of need gratification towards the goal of self-actualisation. The lower the need in the hierarchy, the more urgent it is, which means that the lower needs must first be gratified before needs at a higher level manifest themselves. When a specific set of needs is gratified regularly, the next set becomes dominant. Instead of being dominated by hunger, for example, a person now becomes obsessed with the need for safety. (Meyer, Moore & Viljoen 1997:439.)

Maslow distinguishes between two general categories of motives, namely deficiency motives and growth motives. Deficiency motives refer to the first four levels of the need hierarchy, while growth

motives refer to the actualisation needs. Deficiency motives are directly related to the basic needs for survival whose gratification brings about a decrease in tension. Maslow believes that when a person's behaviour is directed by deficiency motives, her cognitive abilities are actually being applied negatively because the objective is merely to evade unpleasant circumstances and to survive. (Meyer, Moore & Viljoen 1997:439.)

The child in the abusive situation's safety and acceptance needs are not met. The child in the abusive situation does not feel safe on a continuous basis. Maslow adds that someone whose safety needs are acutely unfulfilled may ultimately develop an obsessive-compulsive neurosis in which she tries to arrange her world in so limited and precise manner as to preclude any possibility of experiencing insecurity (Meyer, Moore & Viljoen 1997:441).

The child within the abusive situation tends to have conflicting emotions concerning the need for affiliation and love. The child tends to confuse the difference between love and sexual intimacy. As these needs are not met, the child in the abusive situation may have problems with the need of Esteem. This refers to the need to evaluate oneself positively. This leads to a feeling of confidence, competence, usefulness and that you are needed by the world. The child in the abusive situation does not experience these feelings. The possibility exists that the child starts building a self-esteem upon the opinions of others rather than on real ability. As the child in the abusive situation is struggling with the basic needs, the need for self-actualisation and reaching optimal potential, will probably never be met.

2.12.4 The Long-term Dynamics of Trauma

Finkelhor and Browne (1985:44) developed an eclectic but comprehensive model that suggests a variety of different dynamics to account for the variety of different types of CSA symptoms. This model incorporates some elements of the Post-Traumatic Stress Disorder (PTSD) Model, but is also broad enough to explain sexual abuse of the non-PTSD variety.

The model proposes four traumagenic dynamics to account for the impact of sexual abuse: traumatic sexualization, betrayal, stigmatisation, and powerlessness. A traumagenic dynamic, according to Finkelhor (1986:44) is an experience that alters a child's cognitive or emotional

orientation to the world and causes trauma by distorting the child's self-concept, worldview, or affective capacities.

Each of the traumagenic dynamics will be described to show what it includes and the impact it makes (Finkelhor & Browne 1985: 44 – 50):

- *Traumatic Sexualization*

Traumatic sexualization, the first dynamic, refers to the conditions in sexual abuse under which a child's sexuality is shaped in developmentally inappropriate and interpersonally dysfunctional ways.

Several distinct processes combine to contribute to traumatic sexualization:

1. Sexually abused children are often rewarded, by offenders, for sexual behaviour that is inappropriate to their level of development;
2. Because of the rewards, sexually abused children learn to use sexual behaviour, appropriate or inappropriate, as a strategy for manipulating others to get their needs met;
3. Because of the attention they receive, certain parts of sexually abused children's anatomy are given distorted importance and meaning;
4. Children become confused and acquire outright misconceptions about sexual behaviour and sexual morality as a result of things that offenders tell them or ways that offenders behave;
5. Finally, a child's sexuality can become traumatised when frightening and unpleasant memories become associated in the child's mind with sexual activity.

- *Betrayal*

In the second dynamic, betrayal, children discover that someone on whom they were vitally dependent has caused them or wishes to cause them harm. Present to some degree in most abusive situations, betrayal can operate in several ways. Sometimes the betrayal occurs at the time of the first abuse, as children realise that a person they trusted is treating them with callous

disregard for their wishes or well-being. In other cases of abuse, children experience the betrayal belatedly, in the realization that they were tricked into doing something bad through the use of lies or misrepresentations. The dynamic of betrayal in sexual abuse encompasses not only the child's experience with the offender but also with non-offending family members.

- *Stigmatisation*

Stigmatisation, the third dynamic, refers to the negative messages about the self – evilness, worthlessness, shamefulness, guilt – that are communicated to the child around the experience. These messages are communicated in several ways – abusers say it directly when they blame the victim ('you seduced me') or denigrate the victim ('you bitch'). But much of the stigmatisation comes from the attitudes the victims hear or the moral judgments they infer from those around them. Victims are likely to know, or discover at some point, that sexual abuse and incest are regarded as deviant.

These inferences are often reinforced by the specific comments they may hear in the wake of disclosure; for example, that they, or other abuse victims, are 'seductresses', 'spoiled goods', 'unfit companions' in the case of girls, or 'queer' in the case of boys. Because so many negative attributions exist concerning molested children, it is hard for sexually abused children to escape the dynamic of stigma.

- *Powerlessness*

There are two main components to the traumagenic dynamic of powerlessness: (1) a child's will, wishes, and sense of efficacy are repeatedly overruled and frustrated, and (2) a child experiences the threat of injury or annihilation. Many aspects of the sexual abuse experience can contribute to powerlessness or dis-empowerment. Perhaps the most basic form of powerlessness, and one central to the sexual abuse itself, is the experience of having one's body space repeatedly invaded against one's wishes, whether this occurs through force or deceit. This is a unique element to the sexual abuse trauma, shared perhaps in physical abuse and in experiences of over-intrusive parenting.

A second core form of powerlessness is the experience of violence, coercion, and threat to life and body that occur in some types of sexual abuse. This is a traumatic dynamic present in many catastrophic events and is the key dynamic in the PTSD conceptualisation. Both of these forms of powerlessness – invasion and life threat – are exacerbated when children resist by fighting back, running away, or trying to outsmart the abuser and are frustrated in their efforts to end abuse.

Finkelhor (Wyatt & Powell 1988:78) emphasises that the traumagenic dynamics described are not limited to one part of the process. They operate before, during, and after the sexual contact. They apply as much to disclosure and intervention as to the abuse itself. The four dynamics are ongoing processes and the impact of sexual abuse always needs to be understood in context to the child's life beforehand. The four traumagenic dynamics can therefore be used to analyze CSA as a process, rather than simply an event.

2.13 THEORIES OF CHILD ABUSE

The Child Abuse and Neglect field, according to Ritzer (in Winton & Mara 2001:6), is characterised as a multiple paradigm science. Anthropological, medical, psychological, and sociological paradigms are found in the child abuse and neglect field. These paradigms focus on different issues and are based on different assumptions. Theories used to explain the causes and consequences of child abuse and neglect can be classified in various ways and some of the major theories used in current practice will be discussed accordingly.

2.13.1 The Medical Model

The medical model is based on the premise that biological causes for deviant behaviour are symptomatic of an underlying mental illness. Within this model, human behaviour is attributed to chemical reactions in that neurotransmitters are chemicals in the brain that are purported to affect and control thoughts, feelings, and behaviour. (Winton & Mara 2001:9.) However, according to Szasz (in Winton & Mara 2001:10) patients are coerced into their roles and treated without their consent. The assumption of mental illness removes responsibility from the patient's actions.

Although many people who abuse and neglect children are not considered mentally ill, they may fit a major mental illness category such as major depression or schizophrenia that could help explain

their behaviour. This perspective, along with the pharmacological treatments for mental disorders, is gaining increased support. (Winton & Mara 2001:10.)

2.13.2 Socio-biology

The socio-biological model is closely related to the medical model because it assumes that social behaviour is rooted in biology. Social factors influence the biologically preordained behaviours. (Winton & Mara 2001:10.) Bolton (in Winton & Mara 2001:10) uses socio-biological and attachment theory to explain and intervene in child abuse cases. This perspective focuses on the parent's failure to establish an emotional bond with the child, thus allowing less empathy and less impulse control on the part of the parent toward the child.

2.13.3 Psychoanalytic Theory

Sigmund Freud (1938) developed the psychoanalytic model and psychoanalysis and is well known as the father of analysis and psychiatry. He believed that early childhood traumas appear in adulthood as mental disorders. (Cockerham 1996.)

Freud also developed the idea that people use defense mechanisms to cope with anxiety-provoking situations. Some of these defense mechanisms include repression, denial, regression, and displacement. A central theme in Freud's work is the defense mechanism, repression, which prevents anxiety and conflict from coming into conscious awareness. Sexual themes are believed to be repressed. (Winton & Mara 2001:12.)

Freud (1963:59) stated, 'As the most universal feature of this pathogenic material an incestuous fixation on mother and sister which has not been surmounted stands out'. Here, Freud relates incestuous impulses to sexual dysfunctions. These dysfunctions, according to Winton and Mara (2001:12), stem from early childhood complexes in which the child desires to marry the opposite-sex parent, referred to as the *Oedipus complex* with males and the *Electra complex* with females. Freud also developed the idea that children and adults will identify with the aggressor and will repeat abusive behaviour in order to deal with their own victimization.

2.13.4 Social Learning Theory

Social learning theory, according to Bandura (1969), focuses on learning that occurs through the observations of others. The concept of modelling has three effects on a person. Firstly, an observer may learn a new response. Secondly, the model's behaviour and the consequences of the behaviour may strengthen or weaken the probability that the observer will imitate the model's behaviour. Thirdly, the model's behaviour may serve as a discriminatory factor that influences the observer's previously learned behaviours, therefore, external reinforcement need not occur for a behaviour to be acquired.

Child abuse is often described as a cycle in which the abused becomes the abuser due to learned behaviours.

2.13.5 Intergenerational Transmission Theory

This theory, according to Winton and Mara (2001:14), attempts to explain the dynamics of generational abuse and repeated abuse and the reasons some abused children become abusers. Although most abused children do not become abusive parents, a relationship between being abused and becoming an abuser does exist. This relationship has been explained through behavioural approaches that focus on the intergenerational transmission of child abuse and neglect. Through the social learning principles, outlined in the previous paragraph, children learn how to be abusive or non-abusive, neglectful or non-neglectful.

2.13.6 Exchange Theory

Exchange theory focuses on the rewards and costs of social interaction. In social interactions, people attempt to maximise rewards and minimise costs. (Sprecher 1998.) According to Gelles and Cornell (1990:116), 'People hit and abuse family members because they can'. People use violence when the costs are lower than the rewards and when social controls are absent. A person therefore often abuses a child for the reward of feeling powerful and in control; the abuser could also obtain an emotional high from the abusive behaviour.

2.13.7 Structural Family Systems Theory

The structural family systems approach focuses on the interactions and organizations of the family. According to Winton and Mara (2001:16-17), the family is viewed as a system of interrelated parts

in which change in one part will lead to changes in other parts. Instead of focusing on individual pathology, the family is defined as the problem; dysfunctional family patterns occur when the structure of the family fails to meet its needs. Within the family, boundaries are the rules that define the relationships, and boundary analysis tracks the establishment of family functioning. When boundaries break down or become blurred, children can act like the parents (role reversal), and sexual relationships can overlap.

Trepper and Barrett (in Winton & Mara 2001:17) state that the family systems model views incestuous activity as the product of a problematic family system rather than as the cause, and sees all family members as sharing in its development; that is, all family members are both victims and perpetrators.

2.13.8 The Ecological Approach

The ecological approach focuses on the relationships between the individual, family, community, and society. Ecological factors (poverty, unemployment, and social isolation) may lead to stress and then child abuse and neglect. (Winton & Mara 2001:17.) Child factors (discipline problems, communication difficulties, health problems) may also be related to abuse and neglect, but many authors have rejected the idea that children play a role in their own abuse or neglect.

This approach, according to Winton & Mara (2001:17), focuses on the interactions between the person and the environment. The four components of the system are as follows:

1. Microsystem – the focus is on everyday settings. This includes relationships between family, friends and the school.
2. Mesosystem – the emphasis is on interdependent microsystems. This includes interactions between microsystems (the links between the family and the school).
3. Exosystem – the focus is on social groups that influence children. These include policy makers, school boards, neighbourhoods, and the parents' workplaces.

4. Macrosystem – the focus is on political, economical, and demographical factors that influence children and families. These consist of cultural values and belief systems.

2.13.9 Feminist / Conflict Theory

The feminist approach asserts the idea that it is within the family that masculine and feminine people are constructed and it is through the family that the categories of gender are reproduced. Within this framework, the concept of power must be addressed. (Winton & Mara 2001:18.)

According to the conflict approach, social inequalities are maintained by those with power. Power is difficult to define and has multiple meanings, such as getting someone to do something, having authority, or having influence. Therefore, power may be manifested in many ways. The feminist approach states that male dominance in the family leads to the victimization of women and children. (Winton & Mara 2001:18.)

Several major theories from psychology, sociology, anthropology, psychiatry and criminology have been reviewed. These theories can be related to child abuse and neglect and used to explain how and why abuse occurs.

2.14 SUMMARY

This chapter had as its purpose the articulation of the facts, possible role players, symptoms, initial and long-term effects of CSA, as well as a theoretical foundation. It was emphasised that CSA is a form of interpersonal victimization that has many traumatizing elements and characteristics that put the child victim at risk of serious initial and long-term effects. These aspects were highlighted in the South African context and the question was raised whether the unique South African population can abide under the same definition for child sexual abuse as the rest of the Western population. Impoverished conditions, uneducated parents and lack of services add to a lack of hope for the future and strain the concept of children having a 'normal' life. These conditions need to be interrupted by creating visibility of child abuse as a crime in a multi-faceted way.

This chapter substantiates the importance in considering the victimization of children and emphasises the need for societal intervention and protection. The following chapter aims to introduce the vital role of prevention programmes as a societal intervention.

CHAPTER THREE

PREVENTION: AN OVERVIEW

3.1 INTRODUCTION

Prevention is said to be better than cure and whilst no one could disagree with this sentiment in theory, there seems to be some difficulty in implementing it in practice. Western society embraces the romantic vision that children merely should be 'children'. In this view, children simply are to play, spend time in school, or otherwise be unproductive and at leisure. A child's obligation, it seems, is to be happy. However, the experiences of children in developing countries subvert the modern, mythologised understandings of childhood.

The global community is quickly coming to grips with the severity and breadth of the problems besetting today's children. The prevention and early detection of CSA present a major challenge to our society and to professionals dealing specifically with children. The aim of this chapter is to review the various prevention strategies, in order to arrive at a greater understanding of the approaches being used, and if any lack of resources exists in areas which are amenable to prevention. A further aim is to consider some issues which impinge upon the effectiveness of prevention efforts. Finally the HOOC project will be introduced as a South African school-based intervention programme.

3.2 THE HISTORY OF CSA PREVENTION

3.2.1 Defining Prevention

Prevention can be described as an active intervention plan comprised of various components with the ultimate goal of averting or avoiding negative outcome, in this case, sexual abuse (Plummer in Schutte 2000:8). Mayes *et al.* (in Schutte 2000:8) adds that preventing abuse can be seen as a process of altering the potential perpetrator, the potential victim or the environment in which both exist. For the purpose of this study, as stated in Chapter One, prevention refers to the intervention that will attempt to either prevent the phenomenon of child sexual abuse, or to prevent further occurrence of the sexual abuse. Therefore aiming to incorporate all three levels of prevention - primary, secondary and tertiary.

3.2.2. The Beginning of CSA Prevention

School-based sexual abuse prevention and intervention programmes began in the 1970's in the United States of America when public awareness about the extent of CSA became heightened. The programmes were primarily developed and funded by community organisations. Eventually, children's trust funds in the United States of America began their involvement in funding school-based programmes, with such trust funds operating in 43 states by 1989. (Kohl 1993:138).

Although all states in the United States now have laws pertaining to CSA and the reporting by educational personnel, it was not until 1974 that federal legislation was first passed to grant children freedom from wilful physical or emotional trauma at the hands of their parents or caretakers. The Child Abuse Prevention and Treatment Act of 1974 provided for a broad and uniform definition of child abuse and neglect, research, training of professionals, and encouragement of states to improve services. It also established the National Centre on Child Abuse and Neglect (NCCAN). (Kohl 1993:139; Plummer 1999:80.)

The earliest child-focused sexual abuse prevention efforts began in such diverse settings as an attorney's office, a rape crisis centre and a mental health centre. Some programmes were adaptations of what had been learned from rape prevention. Using child development consultants, programme developers adapted content and presentations to audiences of teens or even younger audiences. Leaders involved multi-disciplinary teams as advisory groups or task forces in appropriate consideration of all factors of programme development. (Plummer 1999:80).

In 1980 the federal government first legitimised the importance of child sexual abuse prevention by allocating funds through the National Centre on Child Abuse and Neglect (NCCAN) to target children directly (along with their parents, teachers, and other significant adults) with prevention approaches. The 1980's was a decade of intense development of school-based sexual abuse prevention programmes and research into their effectiveness, a direct response to disclosures of past and present abuse to social service agencies and parents' concern for protecting their children from sexual abuse. (Plummer 1999:81).

Prevention training in the schools overall appears to have as its goal the teaching of preventive strategies and techniques in order to reduce the vulnerability of children to abuse and exploitation. Training is provided to children and parents, as well as to teachers, often using a 'training of trainers' model so that teachers can then conduct the training with their learners. Although most prevention programmes in the schools operate from the assumption that most children are victims and not perpetrators, some new programmes are being developed that focus on prevention through reaching potential abusers. (Kohl 1993:139). Therefore, what we know about child sexual abuse prevention today is based on 30 years of experience and research in the United States of America.

However, in South Africa, little research has been done on effective prevention programmes to combat child sexual abuse. Child protection services in South Africa have always been severely under-resourced. Growing public awareness of child abuse has not been accompanied by a corresponding increase in funding for the overstretched structures that are expected to respond to the problem. Typically, child protection organisations, as part of the historically marginalised social service sector, lack basic resources and programme components that are required to deal effectively with child abuse. (Loffell 2000:6.)

3.3 AIMS OF PREVENTION

The current landscape of child abuse prevention efforts inspires both despair and optimism. Despair derives from the realization that current efforts to protect children and youth are unequal to the extraordinarily complex causes of child abuse. Optimism derives from creative efforts to design new intervention programmes using recent innovative research on the determinants and correlates of child maltreatment, with an emphasis on preventing abuse before it occurs. (Thompson 1995:1.)

Although maltreatment takes different forms and derives from several sources, the destructiveness and pervasiveness of sexual maltreatment highlights the exceptionally difficult circumstances some children must endure (Levesque 1991:1). A possible aim, according to Garbarino (in McGregor 1993:60), has as its ideal the eradication of all abuse from our society. More realistically, however, this is usually translated into reducing the amount of abuse, since the total eradication of abuse is unlikely in any society. Plummer (1999:85) contributes by adding that while stopping the sexual

abuse of children was the primary goal of all programmes, objectives toward reaching that goal took a variety of forms and programmes set different sub-goals. No programme claimed that by intervening with children, parents or professionals, child sexual abuse would entirely be stopped.

Often education was cited as the major initial method, according to Plummer (1993:85). Practitioners argued that children could be educated, have attitudes altered, or learn new skills by watching plays, having interactive sessions in a several-week curriculum in their classroom, observing puppet-plays at the day care, or receiving colouring books. In addition to the children targeted, most programmes also incorporated parent education, public awareness, and teacher training components. The behaviour and comments of perpetrators, according to Schutte (2000:9), suggest that these programmes are indeed having a positive impact. Sexual abuse offenders interviewed by various researchers report that they are deterred by a child who indicates that she would tell a specific adult about the abuse.

The Researcher is of the opinion that another aim of a sexual abuse prevention programme is to facilitate disclosures of children (whether abused in the past or experiencing abuse currently). As educational programmes may increase the conceptual awareness of school-age children about sexual abuse and how to report actual or potential abuse, more disclosures could be expected. Schutte (2000:9) emphasises that the programmes provide children with an opportunity to disclose prior or ongoing abuse, thereby reducing the possibility for re-victimisation and minimising the emotional trauma associated with being unable to discuss the abuse.

Regardless whether child abuse prevention programmes can successfully convey all of the concepts they cover, teaching young children how to tell an adult when a situation confuses them, may on its own justify retaining these programmes.

3.4 PREVENTION STRATEGIES

From the moment that children start speaking, they are taught about themselves and the world around them. This information is crucial to developing children who are able to question information that they are given. By virtue of their size and economic status, children will always be dependent on adults for protection. Protective mechanisms for children have to be built in by empowering

them to stand up for themselves, by allowing them to be children, and by legislating for lawful protection. Child abuse prevention work is about challenging those conditions that lead to children's vulnerability in the home and in society. (Marshall & Herman 2000:77.)

Prevention can be classified into three subsets, namely Primary, Secondary and Tertiary Prevention. These provide a context for the various prevention efforts. There is, however, an overlap between these areas, and particular prevention strategies can fall into more than one category. (Helfer in McGregor 1993:61.)

3.4.1 Primary Prevention

Primary Prevention, is defined by Schutte (2000:8), as the efforts targeted at the populations who have been least effected by the problem. The broader population is targeted in the hope that they have not yet been introduced to the problem, and that they will be able to take a stand against it when confronted in future.

According to McGregor (1993:61) there are two broad aspects to primary prevention. The first focuses on the individual with the purpose of preventing abuse from ever occurring to that individual. The second consists of efforts to change the conditions that promote abuse, thereby preventing the abuse from occurring. Such changes would affect large numbers of people, rather than individuals.

A closer examination of these two approaches reveals the particular strategies involved in each:

3.4.1.1 Primary Prevention Strategies Aimed at the Individual Child

This class of procedures aims to equip the child with skills of self-protection. The programmes focus on different age groups and developmental levels – from pre-schoolers, through early and middle childhood, to adolescents. These programmes share certain common features:

- An attempt to broaden the child's concept and understanding of what sexual abuse is;
- To alert the child to the possibility that someone may try to abuse her;

- An attempt to broaden children's views as to who the abusers might be – especially to move away from the original concept of 'Stranger Danger', and to emphasise making children aware that danger is more likely to come from someone they know, possibly even a family member;
- An attempt to broaden the child's knowledge about the various possible actions they can take to protect themselves.

Dealing with these abovementioned aspects typically involves discussions of the following concepts as outlined by Donohue (in McGregor 1993:62):

- *Body ownership*: an awareness and understanding that children have the right to control who touches them, and where;
- *Touching continuum*: an understanding of good touch, confusing touch and bad touch, and how one progresses into the other in an abusive situation;
- *Secrets*: an emphasis that some secrets should not be kept, but that an adult should be told;
- *Intuition*: the importance of acting on one's feelings and trusting one's own uncomfortable feelings to give possibly accurate information about a situation which is becoming abusive;
- *Assertiveness Skills*: the ability to stand up for oneself and be able to say no to an adult, including the use of psychological self-defence techniques;
- *Support systems*: making children aware of who they can turn to for help when they find themselves in an abusive or confusing situation.

By far the majority of prevention efforts have been directed at this type of primary prevention, namely equipping children with self-protection skills. Such programmes are usually presented to children in school settings by teachers or private outside agencies which come into schools for a

period of time. Schutte (2000:8) states that one of the most common strategies to combat sexual abuse has been the provision of classroom-based instruction for children of all ages on how to protect themselves from sexual assault and what to do if they experience actual abuse, or are faced with potential abuse. Parents are often considered ideal presenters, and their participation in programmes is widely encouraged, particularly at the stage of development of the overall strategy for a community (McGregor 1993:63).

3.4.1.2 Primary Prevention Aimed at Abuse Promoting Factors

Two perspectives can be mentioned namely the Feminist perspective and the sociological perspective. At the core of the feminist perspective is the power imbalance in favour of men that puts women and children at great risk, and is the fundamental characteristic of many, if not most, abusive situations (Gordon & O'Keefe in McGregor 1993:64). While Feminist prevention efforts acknowledge that children need to learn prevention skills, they also aim at changing those structures of society which entrench the power of men and allow the problem to exist. In practice this means advocacy efforts which campaign against laws that protect men's power and support inequality between the sexes. In addition, it means informing the public about sexual abuse, the effects of pornography and other issues – usually utilising the media, public speaking and writing.

The sociological perspective focuses on child rearing and parenting. Child raising practices which, for example, encourage boys to be appropriately affectionate, or aim to involve fathers with early child rearing, are strategies that can be applied in an attempt to redirect the sexual socialisation of boys and men into directions which negate the motivations to abuse (McGregor 1993:64). Courses in parenting also fall in this category – as the programmes aim to enhance relationships between parents and children. In so doing they reduce the risk of abuse, as poor family relationship have been identified as a strong predictor of sexual abuse.

Another area of primary prevention regards the attitudes on violence. This is reflected in attempts to change or modify existing laws on violence in child rearing, or corporal punishment in schools. In the South African society where domestic violence or community violence is seen almost daily, where men have an enormous amount of aggressive power over their female counterparts, where the judicial response is inappropriate and far too many times ineffective, where poverty is all

pervasive and education is compulsory only until you are able to find a factory or supermarket job, sexual abuse has become a crime of opportunity (Marshall & Herman 2000:66). Prevention programmes may therefore also try to modify the general acceptance of violence in society by challenging attitudes, and sensitising people to the personal effects of violence (McGregor 1993:65).

Macdonald (2002:210-211) summarises the following key points of what works in primary prevention:

- More resources should go into primary prevention. This would shift the emphasis of work towards children's overall well-being and encourage good parenting within supportive communities.
- Poverty is associated with child maltreatment. The prevention of child abuse and neglect requires economic and social reforms that target the root causes of poverty.
- Many effective social interventions aim to help families increase their incomes or limit the effects of poverty.
- Community-based projects may protect children by developing formal and informal support networks for parents and by helping professionals to work together.
- There is strong evidence that good quality day care and pre-school education, with parental involvement, can protect children.
- Schools can play a key role in promoting attitudes that challenge violence and sexism and develop good interpersonal skills.
- Effective programmes to prevent the sexual abuse of children are characterised by length and intensity. These programmes also tend to include behavioural training in self-protection; opportunities for repeated learning over time; and specific tailoring to their audience.

- Children from lower socio-economic groups seem to benefit most from preventive programmes.

Primary prevention is a multi-faceted approach that needs to create support on various levels of society. It is vital that interventions are not only focused on the individual child but on the surrounding system as well. Educational strategies should include basic communication skills, parenting skills, life skills, as well as addressing the impoverished conditions so many parents and children are living in. Restoration of our damaged society is essential.

3.4.2 Secondary Prevention

Secondary Prevention can be described as prevention aimed at people who seem to be a high risk group, and who may even have been in contact with the problem (Kaplan in Schutte 2000:8). Secondary prevention involves the early identification of potential offenders and attempts to provide treatment or support in order to prevent abuse from taking place. Early identification of potential offenders is, however, fraught with problems. Mainly because no method has yet been found of reliably identifying those individuals who have a predisposition to abuse. There is no typical profile of a sexual offender, in fact, most offenders are what society would consider 'normal'. (McGregor 1993:65.)

In a very general sense, it is possible to identify some large groups of which individual members are more likely to abuse. The first is men, who have been shown to be far more predisposed towards abuse than women. This means that programmes targeting men and boys may prove worthwhile, and this overlaps with issues raised in the primary prevention category (McGregor 1993:66).

Marshall and Herman (2000:66-67) add that a rape culture is created at the root of society through the violent socialisation of young boys, with an enormous focus on fighting, macho and aggression in sport. When observing children at play in the South African township communities, it is hard to see a school playground where children are not imitating violence of some kind. Children play at stabbing, kicking, chasing, beating and 'catch and rape'. The latter is a game played by young boys, aged nine to twelve in township schools, where a young girl is sought out, cornered and

'raped'. On many occasions it goes beyond rough play to physical assaults and murder. In child abuse prevention programmes, the first issue to be raised is the power that men are given in society through early socialisation, that defines maleness as aggressive and without sensitive characteristics, and how this is further institutionalised by societal structures.

The second possible category of danger, however, and one that is amenable to prevention efforts is that of children who themselves have been abused. Since a history of abuse features in the childhood of a significant number of abusers, the early discovery of abuse and treatment offers hope for prevention of the cycle of abuse. Lindahl (in McGregor 1993:66) emphasise that treatment programmes for abused children are generated from the various psychological orientations – aiming at helping the victim to cope with the effects of abuse and the healing of the victim with respect to potential future victimisation of others.

The treatment of adult survivors of sexual abuse has also received attention. Group and individual treatments have been developed. These programmes emphasise the potential strengths and individuation of participants. Through educational and therapeutic programmes, a secondary aim is to prevent further abuse. Participants are more aware of their own vulnerability and of their children. (Macdonald, Lambie & Simmonds 1996:203).

Macdonald (2002:216) summarises the following key points of what works in secondary prevention:

- Effective secondary prevention depends on our ability to identify factors that place people at increased risk of abuse.
- Home visiting programmes are likely to be particularly effective when professional visitors or well-trained lay people are used; when the programmes are multi-dimensional, intensive and long-term; and when visiting starts before the child is born.
- Parenting programmes are most effective when they are group-based rather than individual-based; more behavioural in design than primarily based on relationship-work; and when modelling is used as a way of helping parents to learn new skills.

- Parenting programmes do not work for everybody, particularly when the family is experiencing several problems.
- Anger-control training for parents offer a promising avenue for continued research.

The Researcher is of the opinion that the only way to challenge a society, is to be equipped with practical and in-depth knowledge of the societal structures, values and attitudes. Even if poverty, lack of paternal support and extreme levels of violence exist, there are ways of interrupting these conditions.

3.4.3 Tertiary Prevention

Tertiary prevention can be described as prevention programmes that are offered to those members of the population who are sexually abused. The goal is to avoid or avert future victimisation. (Schutte 2000:9). This encompasses those strategies which aim at dealing with abuse after it has been discovered, and attempts to prevent it from happening again (McGregor 1993:67).

Two main categories can be distinguished:

3.4.3.1 Treatment of Offenders

Once offenders have been apprehended or in some way identified, treatment aims at reducing the likelihood of their re-abusing. This is usually accomplished by working towards the acceptance by the offender of responsibility for his actions, and strategies for controlling his behaviour. It is recognised that at the present time there is no 'cure' for certain types of sexual deviance. The offender has to be helped to manage his impulses and express them in non-harmful ways (McGregor 1993:67; Erooga & Masson 1999). The treatment of choice will be determined by the particular characteristics of the offender, as well as the possible reasons for the abuse.

3.4.3.2 Treatment of Abused Children

Once abuse has been discovered, arrangements for the further protection of the child have to be made. This may involve the removal of the child from the abusive situation. Consideration is now given to the requirement that the offender leave the home, rather than the child. Another option is

to require neither the offender nor the victim to leave, but to work on the problem within the context of the existing family situation (McGregor 1993:68).

When the abuse is discovered, although the abuse may stop, the child can go through experiences that create further stress. This may happen when children are not believed, when they are blamed or punished for the abuse, when they are removed from their families. The fear of HIV infection can be an extreme stressor for both parent and child. The parents may also be fearful of being stigmatised by society and so may try to keep the trauma a secret. In cases of sexual abuse the child needs counselling and support to understand what has happened and to be able to seek help if it happens again. Professional assistance is always recommended in cases of sexual abuse, to help both the child and parents to cope (Lewis 1999:111).

Macdonald (2002:222) summarises the following key points of what works in tertiary prevention:

- Cognitive behavioural approaches are the most effective known interventions for preventing the recurrence of abuse and neglect.
- Parent training appears to be effective for parents with learning disabilities.
- Families in trouble are likely to need help with problems other than child management skills. Behavioural family therapy and eco-behavioural therapy are two effective broad-based approaches.
- The effectiveness of family therapy as an intervention in child protection is not yet clear but merits further investigation.
- The prevention of psychological maltreatment appears to be more effective when parents are involved in group work as well as individual parent training.
- Direct work with children needs to focus specifically on the trauma of the abuse itself and the longer term effects.

- There is some evidence that abuse-specific programmes that offer help to non-offending parents and to children at the same time, are more helpful than those with either a focus on either parents or children alone.

Much public and professional concern has been directed towards ensuring that professionals - whose work brings them into direct contact with children - are able to recognise situations when abuse is occurring, and know how to take the appropriate steps, legal or otherwise, to protect children from further abuse. Thus much of the discussion has been directed towards detection, assessment, and the proper and effective communication between professionals and to a lesser extent parents, about the children concerned. There has also been an increasing recognition of the therapeutic needs of the child and of the fact that protective action does not necessarily address the suffering which may be consequent (Wilson, Kendrick & Ryan 1992:3).

Diagram 3.1 summarises the various approaches which have been discussed. For the purpose of this study, the rest of this chapter focuses on School-Based CSA Prevention as Primary Prevention.

3.5 APPROACHES TO SCHOOL-BASED CSA PREVENTION

School-based programmes have become the mainstay of prevention efforts responding to the high rates of sexual abuse on children and the detrimental short- and long-term effects (Tutty 1991). The following key elements are vital for an effective school-based intervention.

3.5.1 Objectives

The goal is to reduce the incidence of child sexual abuse. Children are equipped with the knowledge and skills to resist inappropriate touching. They are also taught what to do if abuse has occurred. Some programmes have recently expanded these objectives and include other personal safety knowledge and skills (for example Stranger-danger). Twelve elements considered necessary for a comprehensive sexual abuse prevention programme, were identified by Finkelhor, Asdigian and Dziuba-Leatherman (1995:143):

- Content about sexual abuse, bullies, good and bad touch, confusing touch, incest, screaming and yelling to attract attention, telling an adult, and abuse is never the child's fault;
- An opportunity to practice in class;
- Information to take home;
- A meeting for parents; and
- Repetition of the material over more than a single day.

Across programmes, the more comprehensive the material or the more programmes attended, the higher the child scored on a short test of knowledge of prevention concepts. Finkelhor, Asdigian and Dziuba-Leatherman (1995:149) concluded in their study that more comprehensive approaches tend to yield better outcomes. The researcher agrees that a holistic response is a powerful force.

3.5.2 Programme Content

Developmental and age-appropriate materials are essential. Many sexual abuse programmes begin their efforts in the early school years (pre-school or kindergarten to grade 3). Tutty (1995) identified a common set of core concepts that is included in most of these programmes:

- Labelling of body parts;
- 'Good', 'bad' and 'confusing' touches;
- Body ownership;
- Permission to say 'no';
- Secrets about touching should not be kept;
- To tell and to keep telling until an adult believes them.

Recommendations about core content that have emerged over time include stressing positive or negative feelings about a touch rather than that a touch is either good or bad, and using anatomically correct names for body parts such as penis or breasts. Figure 3.1 visually summarises the various approaches which have been discussed.

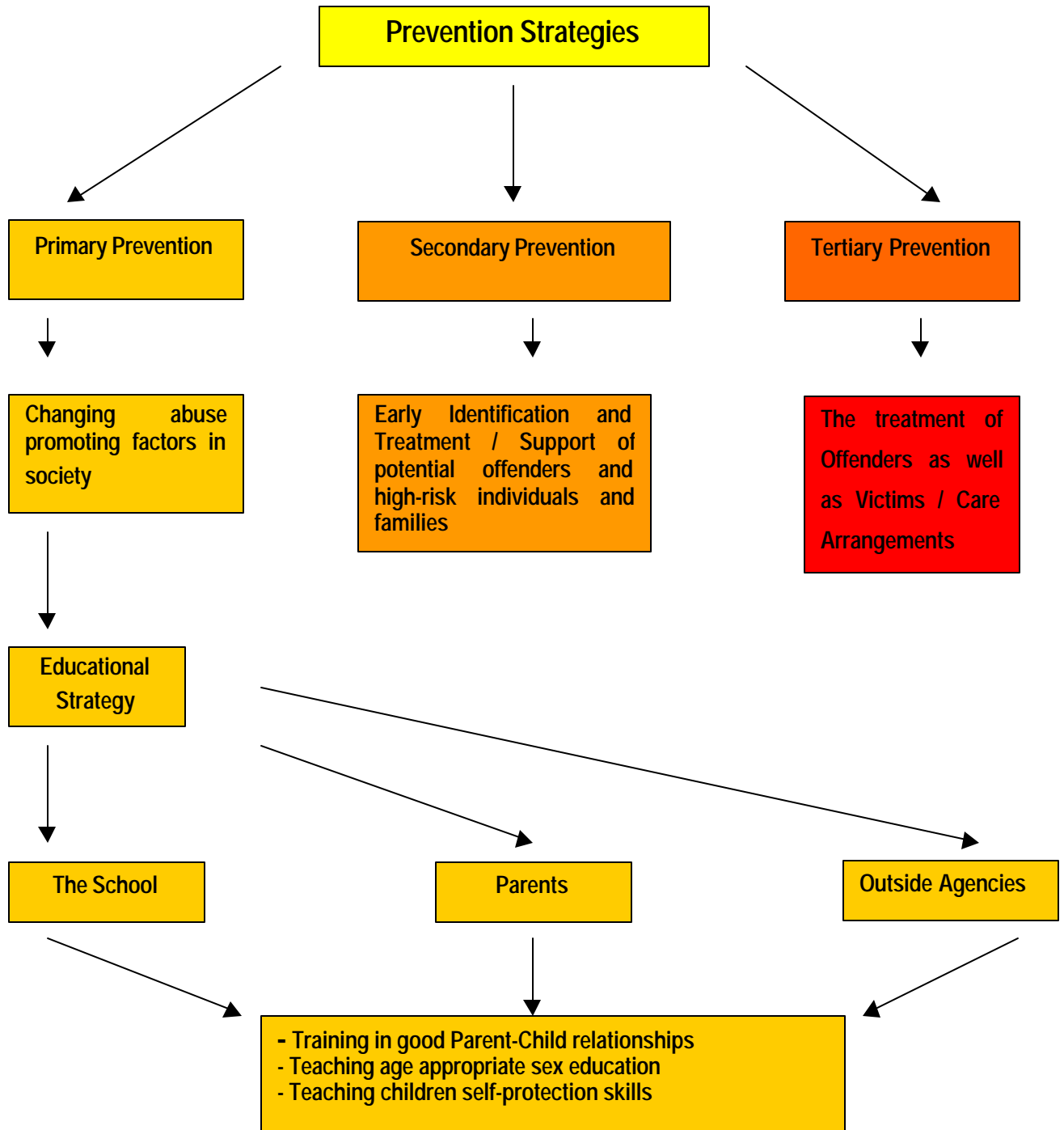


Figure 3.1 Summary of Prevention Strategies

Not all concepts are easily learned. Tutty (2000) noted that, across studies, before participating in a prevention programme, elementary school learners had difficulty with items about four issues – saying no to authority figures, understanding the possibility that trusted adults might act in ways that are unpleasant, rules about breaking promises and keeping secrets and that children are not to blame if they are touched in ways that feel uncomfortable. Several studies have noted that children have difficulty understanding the concept of ‘strangers’. The fact that these items were particularly trying for the youngest children to learn and that a number at follow-up forgot some items, suggests that these may be more sensitive to developmental or family beliefs.

According to Finkelhor, Asdigian and Dziuba-Leatherman (1995:141) children learn many of the concepts being introduced – older children somewhat more so than younger, early elementary and pre-school aged children. They also add that some of the concepts, such as accepting the idea that abuse can occur at the hands of someone known or related, are sometimes hard to retain.

Age affects what facts and skills children learn. Tutty (2000) mentions in her study that children in grade 1 and higher are better able to grasp concepts about family members or known acquaintances touching inappropriately and about saying ‘no’ to being touched in ways that are uncomfortable – key prevention concepts. Though young children this age are vulnerable to abuse, they seem less able to grasp the varied and complex concepts and decision making involved with identifying potentially abusive situations. Daro (1994) concluded – after reviewing the outcomes of 38 studies – the strongest beneficial effects of prevention programming are for children aged 7 to 12. Rispen, Aleman and Goudena (1997:983) emphasise that children younger than 5.5 years tend to forget what they have learned, even after a relatively brief interval. This may suggest that there should be more opportunity for repeated exposure and learning.

Some programmes now include sexual abuse prevention information and training for children and youth from kindergarten to grade 12. The content in the older grades is expanded to include learning about bullies, problem-solving skills, as well as a legal and rights based approach to sexual harassment and sexual assault. Some programmes have high school learners learn the concepts through preparing performances for presentation to the younger grades. A few

programmes have been adapted or created for use with special populations, such as children with disabilities (School-based Violence Prevention Programmes 2003:4).

3.5.3 Presentation Methods

Programmes generally target children in the general population and use group-based instruction (Daro 1994). In a review of 19 sexual abuse programmes, MacMillan *et al.* (1994) identified various models of presentation of prevention materials that contained one or more of the following elements: verbal instructions; film or videotape; behavioural training; skits, mimes or role-plays; use of puppets or dolls; and a theatre production produced by adults or older learners. Most of the programmes reviewed use multiple strategies over time. Those that provide a single presentation method (for example plays, assemblies, books, videotapes, games and comic books) usually suggest that their programme needs to be combined with other longer programmes to provide more opportunities for knowledge development and skill-building (School-based Violence Prevention Programmes 2003:4).

It is generally agreed that prevention education should include an experiential component. While children may learn concepts by passive observation, listening and discussion, skills are best learned through active participation. Behavioural skills training approaches are more effective than passive learning procedures (School-based Violence Prevention Programmes 2003:5). In contrast to cognitive approaches such as films, books, and pure instruction, skill training involves instruction, modelling appropriate behaviours by the instructor and other learners, rehearsal, social reinforcement, shaping and feedback. While children's knowledge levels are similar whether instructors use active or passive teaching, their ability to apply personal safety skills to 'what if' situations significantly improved with behavioural skills training (Wurtele, Marrs & Miller-Perrin in School-based Violence Prevention Programmes 2003:5). According to Rispen, Aleman and Goudena (1997:983) programmes that include explicit training in self-protection skills are more effective. The amount of instruction time is also related to programme outcomes. Daro (in Schutte 2000:9) suggests that prevention efforts should target the potential victim, potential perpetrator, and those aspects of the social fabric that nurture abusive behaviours simultaneously.

3.5.4 Educator Training

Most programmes provide or encourage educator training via video, manual, or in-service. Training usually includes background information about sexual abuse, teaching techniques used in the programme and how to handle disclosures (School-based Violence Prevention Programmes 2003:5). Daro (in Schutte 2000:9) states that child abuse prevention education should do more than instruct children in safety skills. The intervention can offer an opportunity for educators and parents to work together in creating safer environments for children. Training parents as well as educators on the topics of sexual abuse lead to more open discussions between parents and children. Educators felt more confident in discussing the concepts with their learners and colleagues.

3.5.5 Parental Involvement

Researchers have examined parental knowledge of sexual abuse and their interest for further education on the topic. The main source of knowledge about sexual abuse for parents was the media, but this resource left parents with some significant deficits (Elrod & Rubin in School-based Violence Prevention Programmes 2003:5). The parents surveyed lacked knowledge about the incidence and prevalence of child sexual abuse, and at what age children typically disclose abuse. Overwhelmingly, parents indicated the school as the ideal place to educate them to converse with their children on these issues.

At various ages, different awareness and pre-occupations will be displayed by children. It is important for parents to know the natural sexual development of each child, specifically as it is only through knowing what is natural behaviour, that one can detect the unnatural displays which are often tell-tale signs of abuse. (Marshall & Herman 2000:74.)

Most prevention programmes encourage parental involvement. They provide parents with background knowledge of sexual abuse and techniques to reinforce the knowledge and skills that the children learn at school. Videos, manuals, parent meetings, letters and homework assignments engage parents in the learning process with their children (School-based Violence Prevention Programmes 2003:5). However, prevention programmes routinely have difficulty attracting more

than about 10 % of children's parents to information and training sessions according to Tutty (2000).

In another study, Tutty (1993) found that parents underestimated the knowledge of the older children, and overestimated what their youngest children (in grades 1 – 3) knew of sexual abuse prevention concepts after having participated in a prevention programme. The higher levels of parental knowledge of sexual abuse issues were associated with increased accuracy in predicting the child's level of knowledge. Finkelhor, Asigian and Dziuba-Leatherman (1995:149) found that more comprehensive parental instruction is associated with increased knowledge levels, the use of preferred self-protection strategies and the likelihood of disclosing victimizations. This supports the importance of encouraging parents to attend the parent training programmes.

3.6 EFFECTIVENESS OF SCHOOL-BASED CSA PREVENTION PROGRAMMES

Prevention programmes designed to teach children ways to keep safe have proliferated. Many of the programmes have been evaluated via pre- and post-testing, role play, and discussion, indicating that some children can learn and act on the information presented (Elliott, Browne & Kilcoyne 1995:579). Reviews suggest at least initial support for child sexual abuse prevention programmes. Children retained a statistically significant number of concepts after participation. The increases are typically very small, on average only one or two concepts (Wurtele, Marrs & Miller-Perrin in School-based Violence Prevention Programmes 2003:6).

Rispens *et al.* (1997:981) evaluated 16 studies of school-based programmes aimed at the prevention of sexual abuse. He concluded that prevention programmes are successful in teaching children sexual abuse concepts and self-protection skills. Programmes that focus on skills training, allowing sufficient time for children to integrate these self-protection skills into their cognitive repertoire, are more effective. Educational programmes, according to Daro (1994), may increase the conceptual awareness of school-aged children about sexual abuse and teach children how to report actual or potential abuse. However, not all children learn from these programmes nor is the learning all-inclusive. As noted by Tutty (2000), the few studies that compared children from different developmental stages consistently found statistically significant differences in knowledge, with younger children demonstrating lower levels of learning. According to Rispens *et al.* (1997:983) children younger than 5.5 years benefit more than older children from the programmes,

although the difference tends to disappear during the follow-up interval. Table 3.1 indicates the results obtained from 11 studies which assessed the effectiveness of programmes aimed at school children.

Table 3.1 Effectiveness of Programmes Aimed at Children

Study	No. of Subjects	Age Range	Results	Re-Test?
Wurtele (1990)	24	4	- Significantly positive	Yes (1 month)
Hazard <i>et al.</i> (1991)	399	9 - 10	- Significantly positive - Maintained higher knowledge for 1 year	Yes, (6 weeks and 1 year)
Tutty (1992)	400	7 – 12	- Significantly positive	Yes (5 months)
Nemerofsky <i>et al.</i> (1994)	1 350	3 – 6	- Significantly positive	No
Oldfield <i>et al.</i> (1996)	1 000	7 – 12	- Significantly positive	Yes (3 months)
Mans-Ebersohn (1997)	36	4 – 6	- Significantly positive	Yes (2 months)
Taal & Edelaar (1997)	161	8 – 12	- Significantly positive	Yes (6 weeks)
Perrault <i>et al.</i> (1998)	294	5 – 6	- Significantly positive	Yes (3 months)
MacIntyre & Carr (1999)	339	7 & 10	- Significantly positive	Yes (3 months)
Woolley & Gabriels (1999)	96	5 – 11	- Significantly positive - Improving with age	Yes
Tutty (1997; 2000)	231	7 – 12	- Significantly positive - Improving with age	Yes
Hébert <i>et al.</i> (2001)	133	7 – 9	- Significantly positive	Yes, (2 months)

According to the abovementioned studies, the relevant children in the studies showed significantly higher knowledge of sexual abuse prevention than the children in the control groups. It should be noted that in mostly all of these studies the children's ability to master and remember the concepts presented to them, were evaluated.

The studies did include the relevant protection and preventive skills. The acquisition of these skills decreased with time. Hazard *et al.* (1991) concluded in their study that during post-testing, there were no significant differences between the intervention and control group children's ability to demonstrate prevention skills, such as saying 'no', leaving and telling someone. At the 1-year follow-up, children who participated in the programme the previous year, whether with or without a booster session, showed a significant increase in knowledge of CSA. Hébert *et al.* (2001) also

concluded that during post-testing, children in the programme group had statistically significant higher knowledge and preventive skills scores than the control condition. A comparison of post-test and 2-month follow-up of scores indicated that the programme group children retained the knowledge of abuse, but their prevention skills had decreased significantly.

The Touching Programme was assessed by Tutty (1992) with 400 grade 1,3 and 6 children. The children significantly increased their knowledge of prevention concepts presented in the programme. Although the increase was significant, the scores on the knowledge concepts were relatively small. Thus indicating the need for the repetition of the presentation of prevention materials, especially in the lower grades. During Tutty's (1997; 2000) further studies an age analysis indicated that younger children knew less at both pre- and post-test level than other children. Grade 3 (referring to ages 8 – 9) seemed to be the level at which children gained the most knowledge of inappropriate touch.

Wurtele (1990) found similar results as Tutty (1997; 2000). She concluded that older children performed significantly better than younger children on the tests of knowledge and skill development. It was also reported that children who participated in the Body Safety Training (BST) programme, showed a significant increase in the knowledge of sexual abuse and personal safety skills in comparison with the non-programme control group. These gains were maintained through the 1-month follow-up period.

The abovementioned studies highlight the different concepts discussed. It seems that a differentiation in presentation methods and repetition of presentations are essential. A body of research supports the continued presentation of programmes aimed at providing children with self-protection skills, including programmes aimed at pre-schoolers.

Tutty (1997:877) reviewed the effects of gender in learning sexual abuse prevention concepts. She concluded that the gender of the child makes no overall difference in response to the programme. Tutty (in *School-based Violence Prevention Programmes* 2003:6), in five studies, also found no significant differences in the average knowledge of boys and girls after attending programmes. This result fits with most of the previous research that has evaluated the effects of gender (Briggs &

Hawkins 1994; Dhooper & Schneider 1995; Peraino 1990; Tutty 1992). In contrasting research, Hazard and colleagues (1990, 1991) reported that girls learned and maintained more of the material. However, Woolley and Gabriels (1999:6) also found no statistical significance on the interaction effect of grade and gender.

For school-based prevention programme to be effective, the material and skills need to be retained. Tutty reviewed (in *School-based Violence Prevention Programmes* 2003:6) nine studies that collected follow-up information on periods longer than 2 months. Overall, the children retained their knowledge of abuse prevention concepts for up to a year. Rispen *et al.* (1997:981) concluded that retention was satisfactory in the 16 studies they evaluated.

It is difficult to demonstrate whether the information is retained in the long-term, and whether informed children are truly capable of resisting abusive behaviour. The generalisation of these results are also questionable. Finkelhor *et al.* (1995:149) addressed these questions in a national telephone survey in the United States with 2 000 children, aged 10 to 16. They concluded that children who received more comprehensive school-based victimization prevention education programmes:

- had somewhat greater knowledge about sexual victimization than other children;
- they were somewhat more likely to use recommended self-protection measures;
- perceived themselves as more effective in keeping themselves safe and minimizing their harm; and
- were also more likely to disclose the episode to someone.

Furthermore, the children and caretakers were consistently positive about the programmes, with 40 % of the children saying it had a positive impact. Finkelhor *et al.* (1995:150) state that there is one potentially troubling finding from their study. The children with more comprehensive school programmes suffered more injuries during sexual victimizations than other children. This is probably due to their tendency to fight back during those episodes. Active resistance may have its

costs as well as benefits. This must be taken seriously by researchers and programme designers. However, the authors noted that this is the first study to suggest that, when children with prevention training do actually get victimised or threatened after their programme exposure, they actively resist the threat or victimization.

Researchers have assessed an unintended consequence of sexual abuse prevention programmes namely negative reactions. One of the main concerns about child-directed prevention programmes, especially from the parents, has been whether children would experience negative side-effects such as fear or nightmares. Research has consistently found that only a small minority of children show negative reactions after participating in a child abuse prevention programme (Tutty 1997). Rispons *et al.* (1997:984) found that there is some evidence that supports the notion that children who have participated in a prevention programme demonstrate an increased level of fear and worry, although other studies found no signs of increased distress. One may argue, however, that a certain increase of fear is the price that has to be paid for effective prevention. While Finkelhor and Dziuba-Leatherman (1995) reported increased anxiety of some children as an effect of participation in these prevention programmes, these authors also observed that the same children expressed the most positive feelings about the programme and made the most of the skills they had been taught. Therefore they concluded that a higher level of fear may be appropriate for effective prevention.

The most important issue in the debate about victimization prevention programmes touches on a fundamental problem inherent to this type of primary prevention, namely the question of transfer of what has been learned. Although the results of various studies indicate that programmes are effective in terms of acquisition of sexual abuse concepts and self-protection skills, this does not constitute sufficient proof of their ultimate effectiveness since transfer to real life situations has not been demonstrated. (Rispons *et al.* 1997:984.) Some studies indicate that a higher number of disclosures of sexual abuse was found in the intervention group compared to the control group during the follow-up period (Oldfield, Hays & Megel 1996). Some authors conclude, on the basis of interviews with offenders, that potential perpetrators are deterred by children who indicate that they will tell their parents about the abuse (Elliott *et al.* 1995:587). However, the evidence seems circumstantial and no direct measurements of transfer are available.

Child assault prevention instruction creates environments in which children can more easily disclose prior or ongoing maltreatment. Independent of the impact these programmes may have on future behaviour, they do offer an opportunity for present victims to reach out for help, thereby preventing continued abuse (Leventhal in Daro 2003:4). Even those who doubt that any useful prevention strategy can be developed with respect to sexual abuse, admit that these programmes can lead to earlier disclosures (Melton in Daro 2003:4).

The literature on the associations between prevention programmes and disclosure portrays mixed findings. Gibson and Leitenberg (2000:1122) did find a trend towards both earlier disclosure of sexual abuse and shorter duration of sexual abuse in the prevention group. One possible interpretation could be that prevention programmes 'speed up' disclosures, but that the disclosures would occur naturally over time in the absence of a programme. The few studies, which have measured the extent to which these interventions result in increased disclosures, have been promising. Kolko, Moser and Hughes (in Daro 2003:4) reported that in five of six schools in which prevention programmes were offered, school guidance counsellors received 20 confirmed reports of inappropriate sexual or physical touching in the six months following the intervention. In contrast, no reports were noted in the one control school in the study. Similarly, Hazard, Webb and Kleemeier (in Daro 2003:4) found that eight children reported ongoing sexual abuse and 20 others reported past occurrences within six weeks of attending a three-session programme.

Mans-Ebersohn (1997) evaluated a programme for the prevention of sexual abuse of pre-school children with specific reference to assimilation, integration and accommodation of preventative concepts. She found that the abovementioned processes indeed occur in pre-school children and that this may lead to improved preventative behaviour. In one of the most comprehensive examinations of sexual abuse prevention programmes to date, Finkelhor and colleagues (Finkelhor, Asdigian, & Dziuba-Leatherman in Gibson & Leitenberg 2000:1116) found that children who had been exposed to more comprehensive school-based prevention programmes scored better on a test of knowledge about sexual abuse, were more likely to report using self-protection strategies when threatened or victimised, were more likely to feel they had successfully protected themselves, and were more likely to have told someone after an attempted victimization. This

research also provided data suggesting that children use knowledge gained from school-based prevention programmes in real sexual abuse situations.

In conclusion, Daro (2003:4) emphasises that the generally positive findings from the evaluations conducted to date suggest that some form of child-focused education is an important component in our efforts to reduce the likelihood that a child will submit to ongoing sexual abuse or engage in violent behaviour. According to the current pool of evaluative data positive outcomes can be maximised if programmes include the following features (Daro 2003:4):

- Providing children with behavioural rehearsal of prevention strategies and offering feedback on their performance to facilitate children's depiction of their involvement in abusive as well as unpleasant interactions;
- Developing curricula with a more balanced developmental perspective and tailoring training materials to a child's cognitive characteristics and learning ability;
- For young children, presenting the material in a stimulating and varied manner to maintain their attention and reinforce the information learned;
- Teaching generic concepts such as assertive behaviour, decision-making skills, and communication skills that children can use in everyday situations, not just to fend off abuse;
- Repeatedly stressing the need for children to tell every time someone continues to touch them in a way that makes them uneasy;
- Developing longer programmes that are better integrated into regular school curricula and practices;
- Creating more formal and extensive parent and educator training components, particularly when targeting young children;

- Developing extended after-school programmes and more in-depth discussion opportunities for certain high-risk groups (former victims, teen parents).

Restructuring child sexual abuse prevention programmes in the manner outlined above is a critical first step in enhancing our capacity to educate children, parents, and communities about the problem of sexual abuse.

3.7 THE DIFFERENT ROLE PLAYERS IN CSA PREVENTION

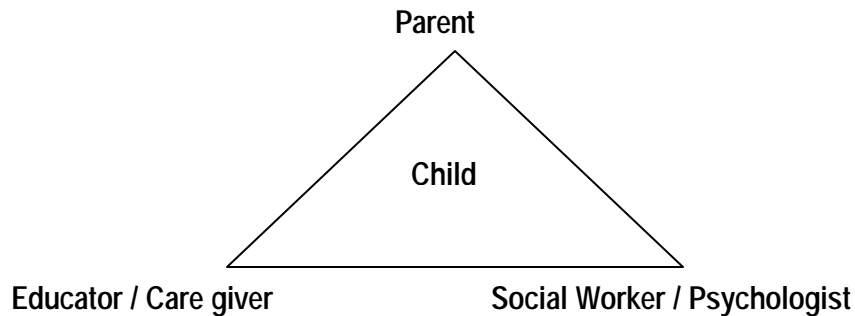
There are different role players in preventing CSA but the question remains where the major responsibility for prevention rests. Cohn (in McGregor 1993:81) states that the major responsibility for prevention cannot be placed on the victims and potential victims, particularly because they are children. The major focus of prevention efforts should be on potential perpetrators and on the cultural and societal values which allow this problem to exist. According to Trudy and Whatley (in McGregor 1993:82) the problem cannot be solved by teaching children resist and escape. The real battle lies in making fundamental changes in a society that allows and even encourages child sexual abuse. Finkelhor (1986:87) echoes it when he states that *'Our ultimate goal should not simply be to protect... children from abuse, but to eliminate abusive behaviour itself.'*

As the parent is the primary caretaker of the child, it is argued that the ultimate responsibility of prevention should be with the parent. The problem, however, is that children are often abused by one of their parents, a step-parent or somebody in a caring position towards the child. Therefore, it is not justified to leave the responsibility of prevention solely to the parent. (Schutte 2000:9.)

Children need to know that they have the right to refuse any touch that might feel uncomfortable or intrusive. Even if the person touching is mother or father or any other adult. Children and adults must be taught that the child is the sole owner of her body. (Marshall & Herman 2000:74.) Another problem that persists is that parents who want to teach their children prevention strategies, very often do not know how to set about it, and they do not have a knowledge base about sexual abuse. It is therefore necessary to link the family structure with other systems in order to support the parent and child in a prevention effort. A 'prevention structure' should be implemented in which the child can live and find support, in order to provide the child with a person and an opportunity to

disclose an abusive relationship or situations which are uncomfortable or unacceptable. (Schutte 2000:9.)

A prevention structure, proposed by Schutte (2000:9), consists of the following: the educator, parents and a social worker / psychologist. These three components should support each other, share information and be available to the child. The task of prevention and early detection cannot be placed on only one of these components. Linking and interdependence are of the utmost importance. Although there is always a possibility that one of these systems may be corrupt and may be abusive or potentially abusive, hopefully one of the other systems will either identify the abuse or be available if the child wants to disclose the abuse. Diagram 3.1 is a presentation of this prevention structure.



(Schutte 2000:10)

Figure 3.2 Prevention Structure

The diagram indicates how the child is surrounded by the adult parties who are concerned with the well-being of the child and in contact with one another. If a child lives in this structure, the child is afforded the opportunity to disclose problems to any of the parties. The ideal situation would be that these three systems should co-operate, but more often than not parents do not see themselves as part of the system. (Schutte 2000:9.) The researcher is of the opinion that the other two systems, therefore, must be available on an ongoing basis in order to assist the parents or child when education is needed or possible abuse suspected.

Daro (2003:5) outlined future directions of prevention strategies in her article and stated that the following additional approaches are frequently cited as essential elements of a comprehensive strategy to prevent child sexual abuse:

- Public education efforts to improve the public's understanding of the underlying causes and forms of CSA.
- Directed education to those who are offending against children in an effort to encourage perpetrators to seek out services and to alter their behaviours.
- Parenting education programmes that strengthen a parent's protective instincts and provide parents information on how to discuss the issue with their children and how to secure help if their children are being victimised. Specific guidelines that help parents distinguish between appropriate, potentially troublesome, and inappropriate sexual interests or behaviours can also offer parents a means of monitoring their child's behaviours.
- Life-skills training for young adolescents that helps them establish positive relationships and avoid abusive behaviours with their peers. These attributes include communication skills; problem solving and planning skills; assertiveness skills; negotiated conflict resolution; friendship skills; peer resistance skills; low-risk choice-making skills; consumer awareness skills; self-awareness skills; critical thinking skills; and basic academic skills.
- Support groups for children experiencing specific trauma that may leave them feeling isolated and, therefore, more vulnerable to advances by perpetrators.
- Support groups for vulnerable adults going through difficult transitions that limit their ability or interest in protecting their children.

Although commonsense suggests that this type of comprehensive approach is a move in the right direction, research findings supporting this approach are less clear and less available (Daro 2003:5). It was urged that research is needed to determine the extent to which individual behaviours can be altered by various early intervention efforts and the extent to which these changes result in less vulnerability for at-risk children and less proclivity toward sexual abuse among adults.

Schutte (2000:11) states that there is a need for professionals to unite in research to provide a more effective basis for prevention programmes. This should then be put into practice with the results being monitored on an ongoing basis. Only through an united effort a climate of prevention can be fostered.

3.8 THE HOOC CAMPAIGN AS A SOUTH AFRICAN SCHOOL-BASED INTERVENTION PROGRAMME

3.8.1 Introduction

The **Hands Off Our Children – Your Child is My Child** campaign (HOOC) is the initiative of Minister Leonard Ramatlakane, Minister of Community Safety, Western Cape Government. The Minister's first reference to this vision was at a rally that he addressed in Scottsdene, Kraaifontein, when angry residents, bereaved by the tragedy of a young rape victim, gathered to vent their anger. (Hanekom 2002a:2.)

The South African Constitution ensures the protection of children and State Departments have a collective responsibility to institute child protective measures for children. These include the Departments of Social Service, Health, Justice, South African Police Service, Education, Community Safety, as well as the Local Government amongst others. Where the various sectors do not properly co-ordinate activities and lack common approaches and mutually agreed procedures, preventive initiatives and the safety of our children are undermined. Moreover, when intervention is required, vulnerable children and families can fall between the cracks in the system and are torn between conflicting approaches. (Hanekom 2002b:3.)

The campaign has as its purpose to create support and awareness, to mobilise all relevant role-players to fulfil their roles and to assist in preventing child abuse from occurring. Another goal of the campaign is empowering children with knowledge about preventative concepts to prevent this crime from happening to them. The following discussion introduces the key concepts of the HOOC campaign.

3.8.2 General Guiding Message of HOOC

The Hands Off Our Children – Your Child is My Child message conveys the idea that the children in the Western Cape must be given every opportunity to build a better nation. It is a message of uniting forces and taking collective responsibility as communities in defence of our children. The campaign aims to reinforce the message of stopping crime against children and mobilising the community to support the fight to protect this future generation. It is essential that the silence is broken and that the perpetrators are exposed to the Police. (Hanekom 2002a:2.)

3.8.3 HOOC's Vision Statement

The HOOC campaign is guided by the following Vision Statement:

A society in which children are enabled to achieve their full potential by growing up in a secure, stable and loving environment which ensure adequate nutrition, good health, physical and emotional security, and the opportunity to develop physically, intellectually, emotionally and socially. For this purpose it is necessary to eliminate the causes of child abuse and neglect and eradicate social conditions that put children at risk of abuse like poverty, commercial exploitation, domestic violence, in order to achieve a child abuse-free society. (Hanekom 2002b:7.)

3.8.4 Target Audience

The Minister, Mr Leonard Ramatlakane, has launched the HOOC campaign in the Western Cape on 15 March 2002. The programme was officially approved in parliament on 19 June 2002 and was launched in the Western Cape schools on 13 February 2003. The campaign will be running until June 2004 and will cover the area between the boundaries of the Western Cape. (Hanekom 2002a:2.)

The primary target audience for the campaign is:

- Possible perpetrators;
- Parents of children aged between 0 and 18 years of age;
- Service Providers within the Child Abuse Protection System.

The secondary target audience for the campaign is:

- Children aged between 0 and 18 years of age.

3.8.5 Holistic Objectives

The HOOC campaign has the following local objectives (Hanekom 2002a:3):

- To educate children about child abuse and their rights;
- To empower children with the necessary conflict resolution and self-defence skills to be able to say no and to defend themselves;
- To mobilise local communities to support initiatives and to implement local child abuse crime prevention initiatives;
- To empower children with life skills to be able to overcome abusive situations;
- To empower children with the necessary information to be able to break the silence and to reach for help;
- To illustrate that perpetrators and victims do not stand helpless in isolation – there are other people who have successfully recovered;
- To report on and to reinforce initiated projects focused on preventing crimes against children;
- To educate the public about do's and don't's;
- To project the Western Cape Government as a corporate citizen with compassion wishing to affect a difference in the days of the lives of the Western Cape citizens.

The HOOC campaign has the following national objectives (Hanekom 2002a:3):

- Create national awareness of the HOOC programme;

- Generate public and corporate support for the HOOC programme;
- Maximise exposure for HOOC over the period of the programme.

3.8.6 Campaign Elements

The HOOC campaign incorporates the following elements - electronic media; television; radio; printed media; outdoor media; branding of the campaign; publicity; audiovisual programmes; community outreach and consultative meetings with key role players. The HOOC board game will be categorised under Campaign Material.

The Campaign Material of the HOOC Campaign also includes the following media. The school programmes cater for learners of all ages and include an educational crime prevention puppet show for the foundation phase learners. There is a separate child protection drama (referred to as the 'Martin and Melony Mouse' drama) for the pre-school to grade two learners with key issues on child abuse. The goal is to empower the learners with information regarding their private parts. (Hanekom 2003.) A colouring book with messages about child abuse prevention will be distributed. A video about child abuse, called Vicky's Secret, is screened and used in a group discussion with learners in grades three to five. The HOOC – project aims to reinforce self-protective concepts by providing each grade four learner with a board game with a preventative focus. Grade six and seven learners are educated on abuse, drugs and alcohol by means of the Lions / Quest for Adolescence life skills programme. Each child in the Western Cape receives a HOOC wristband. (Hanekom 2003.)

In conclusion, HOOC aims to protect children against all forms of abuse and neglect through accessible, integrated and co-ordinated services focusing on primary, secondary and tertiary prevention, intervention and rehabilitation, based on a multi-disciplinary inter-sectoral approach, taking into account the particular context of each child in the Western Cape.

3.9 SUMMARY

It can be seen that most prevention efforts have been directed at the primary prevention of abuse through the presentation of personal safety skills programmes to children. There is a noticeable lack of research in the area of primary prevention with regards to the structures and attitudes of

society which allow the problem to exist, as well as issues of male sexual socialisation and parent-child relationships. Programmes aimed at teaching children personal safety skills have not been empirically demonstrated to reduce the amount of sexual abuse occurring. These programmes have, however, demonstrated that children do learn and retain sexual abuse prevention concepts.

This does not indicate that prevention efforts do not work. The researcher is of the opinion, in agreement with McGregor (1993:85) that the problem may be that a reliable way to measure the reduction in actual sexual abuse resulting from prevention efforts has not been found. Prevention still remains the most cost-effective strategy for most social problems – integrating these efforts within educational and social service systems may reduce programme costs and offer multiple opportunities to reach children.

As was emphasised in this chapter, the prevention programmes need to be tailored according to age and developmental stage of the target group. The next chapter aims to introduce the development of children in the middle childhood years.

CHAPTER FOUR

A CHILD'S ODYSSEY: DEVELOPMENT IN MIDDLE CHILDHOOD

4.1 INTRODUCTION

Every professional in the helping profession desires to understand and treat problems. This desire is fuelled by the belief that all youth should have the opportunity for ideal growth and fulfilment. Central to the concern about challenging behaviour are questions about its origins, maintenance, and amelioration. When these questions are asked, fundamental issues of how people develop and how normal development goes awry are raised. Thus, hereby is acknowledged that normal and abnormal behaviour go hand in hand, and that the one must be studied in order to understand the other.

During the development of a board game for grade four learners, the researcher needs to be equipped with developmental knowledge and the various factors that influence development. To be able to produce a tailor-made product, the researcher must have a clear and precise understanding of what development entails, what the underlying processes are and, furthermore, the researcher should have a framework to systematise and interpret the developmental changes. In this chapter a discussion is presented on development within the parameters of the field of study. Firstly, the major developmental theories will be discussed in order to provide a theoretical foundation for development. Secondly, as this study focuses on the middle childhood years, a detailed discussion of the developmental tasks of the middle childhood years will be provided.

4.2 MAJOR THEORIES FOR UNDERSTANDING CHANGE

Knowledge of human development is not only interesting; it is also of practical value to both the individual and society. For example, knowledge of developmental patterns could be of great value to individuals in planning their own life and in coping with problems. If we know beforehand what kind of changes to expect in our lives, we can prepare ourselves rather than let them take us by surprise. (Meyer 1998:38.)

Developmental psychology is also of great practical value for society as a whole. The planning of an effective educational system, syllabi and all other aspects of teaching and learning would be impossible without proper knowledge of the ways in which children develop. The same applies to the planning of educational programmes for adults, in-service training programmes, career development and retirement. (Meyer 1998:38.) However, researchers need concepts that will help explain the contributions of life experiences, maturational factors, and a person's own constructions of experience to patterns of physical, cognitive, social, emotional, and self-development. In this section, the importance of developmental theory will be introduced whereafter the major theories guiding research and thinking in the field of child development will be discussed.

A theory of development includes more than just a description of an individual's development. It should rather be seen as an attempt to describe and explain the development of human beings based on a particular view of human kind (Miller in Meyer & Van Ede 1998:41.)

In fact, most theories of development are just one detailed part of a broader theory of personality. Since theories have different views of humankind, they emphasise different processes and factors determining development. Some emphasise genetic and biologic factors. According to them development is a natural process and education should aim at preventing the disruption of this natural process. Other theories emphasise environmental factors, such as conditioning, role prescriptions and models. This means that education has to be thoroughly planned. There are also theories which see the individual's own goals as important determinants of development. Others emphasise the interaction between genetic, psychological and environmental factors. Each theory has different implications for the various practical aspects of psychology, such as education, counselling and psychotherapy. (Meyer & Van Ede 1998:41-42.)

A further difference between theories is the degree of freedom given to the individual. On the one hand, there are *deterministic theories*. These theories describe development as a process that proceeds according to a mechanistic pattern which applies to all individuals and in which the individual has little or no freedom of choice. On the other hand, there are theorists who argue that human development is, in a certain sense, unpredictable because humans have some freedom of choice. These are *indeterministic theories*. (Meyer & Van Ede 1998:42.)

Finally, the various theories differ from one another on the field of development they emphasise. Some try to describe and explain the total personality, while others concentrate on specific aspects of development (such as cognitive development). (Meyer & Van Ede 1998:42.)

Although theories tend to differ on various aspects and derive from one perspective or field, the researcher is of the opinion that theories are valuable, especially within the developmental paradigm. The researcher tends to identify with indeterministic theories as the individual should be allowed a certain amount of freedom. After all, development is not just a pre-planned, sequential pattern for each individual. The person as a whole develops into an unique human being in an individual way. However, guidelines are necessary for researchers to be able to relate to various underlying processes.

Psychologists differ considerably as to the relative importance of the various theoretical perspectives on development. What follows is merely a summary of the various theories highlighting different aspects of the developmental process. The applicability within the study will be highlighted. A few theories – deterministic and indeterministic - will therefore be discussed; with each theory a brief explanation of the focus of the theory and a few major constructs are presented, along with an analysis of the contributions of the theory to the study of child development.

4.2.1 Psychoanalytic Theory

Sigmund Freud's (1856 – 1939) psychoanalytical theory addresses the development of an individual's emotional and social life. As first conceptualised by Freud, psychoanalytic theory views personality development as a dynamic, multiply-determined process based on the theory of infantile sexuality, with its sequence of libidinal phases from whence derive instinctual drives and their energies. All behaviour is thus motivated by the expression of these drives. (Lee 1997:46.) According to Freud, all behaviour is thus determined by the drives (urges) and moral rules in the personality. This is a clear example of psychic determinism, where there is little freedom of choice for the individual. (Meyer & Van Ede 1998:43.)

In addition, he came to believe that very young children had strong sexual drives. He argued that although children are incapable of reproduction, their sexual drives direct aspects of their fantasies, problem solving, and social interactions. (Newman & Newman 1997:96.)

The most enduring contribution of psychoanalytical theory is the identification of domains of consciousness, referred to as the *conscious*, the *pre-conscious*, and the *unconscious*. Seemingly irrational behaviour can often be explained by analysing the conflicting needs, fears and wishes that exist in the unconscious. (Newman & Newman 1997:97.)

Concerning the structure of personality, the psyche, according to Freud, consists of three parts: the id (the sexual and aggressive impulses), the ego (the reality-oriented functions) and the superego (the moral, ethical principles). The id is inborn. (Meyer & Van Ede 1998:43.) Newman and Newman (1997:97) explain that as the ego develops, the child becomes increasingly adept at satisfying id impulses in ways that are socially acceptable and do not offend the moral and ethical content of the superego. Psychoanalytical theory outlines five stages of development: oral, anal, phallic, latent, and genital. At each stage, the focus of conflict around the expression of sexual and aggressive impulses changes. The stages reflect changes in the physiological source of sexual energy and in the orientation to self and social relationships.

As the latent stage is applicable to the middle childhood years, this will be briefly introduced. This stage, according to Meyer and Van Ede (1998:47), covers the period from age five or six to the beginning of puberty. According to Freud, it is characterised by the fact that no new erogenous zones appear. It is dominated by the child's identification with the parent of the same sex. Children associate mainly with other children of their own sex and learn sex-appropriate behaviour through imitation.

Although the researcher does not agree with Freud's theory that human development is determined by a fixed pattern of inherent factors that appear as the person matures, there is more to Freud's theory than the psychosexual aspects. The developmental stages Freud identified provided insight for the researcher on the various characteristics and defence mechanisms possibly evident in individuals, in particular, children within the middle childhood years. The

message Freud portrayed was the important role childhood experiences play in the forming and development of every individual. The researcher agrees with this sentiment as the numerous possibilities for development and enrichment in childhood should be maximised.

Implications for Child Development

Psychoanalytical theory emphasises the importance of tension between interpersonal demands and intra-psychic demands in shaping personality. The ego develops interpersonal skills for dealing with society. It also develops skills for satisfying personal needs, standards, and aspirations. The expectations of others, particularly parents, are internalised and given personal meaning in the formation of the superego. Freud was able to show how a child translates the demands of the interpersonal world into her own personal way of functioning, while new demands and experiences continue to play a role in the development of personality. Freud focused on the effects of sexual impulses on personal and interpersonal life. (Newman & Newman 1997:97.)

The researcher agrees that the demands of the interpersonal world on any child plays a role in the development of personality. This needs to be considered within the field of the study as the role of sexual abuse and the impact on the personality development of a nine to twelve year old child needs to be taken into account when a preventative measure is developed.

One of the major early contributions of psychoanalytical theory was identifying the influence of childhood experiences on adult behaviour. Freud argued that the basic dynamics of personality are established by the age of six years or seven years. Psychoanalytic theory was unique in explaining ongoing adult behaviour in terms of stages of development, family interactions, and unresolved family conflicts. The emphasis that Freud gave to parenting practices and their implications for psychosexual development provides one of the few theoretical frameworks for examining parent-child relationships. (Newman & Newman 1997:98.) The researcher does not agree with Freud's theory that the individual's development is practically complete by the age of six. This emphasis on early childhood development limits the various possibilities for lifespan development. The researcher views development as a lifelong process.

The psychoanalytic approach recognises the importance of motives, emotions, and fantasies in human behaviour. Within this framework, human behaviour springs at least as much from emotional needs as from reason. The theory suggests that underlying motives and wishes explain behaviours that otherwise might not seem logical. Many domains of mental activity, including fantasies, dreams, primary process thoughts and symbols, and defence mechanisms, influence how children and adolescents construct meaning from their experiences. Through the construct of the unconscious, Freud provided a means for conceptualising explanations for thoughts and behaviours that appear irrational, self-destructive, or contradictory. The idea that development involves efforts to find acceptable outlets for the strong, often socially unacceptable impulses still guides therapeutic intervention with children, adolescents, and adults. (Newman & Newman 1997:99.)

The researcher identifies with Freud's theory in recognizing the importance of emotions and fantasies in human behaviour. Behaviour is a construct consisting of more than just reason and logic. The role of emotive and mental activities need to be incorporated as well. In conclusion, the researcher identifies strongly with some of the aspects of Freud's theory and will incorporate some of these facets for the development of the board game as a preventative measure against the sexual abuse of grade four children.

4.2.2 Cognitive Developmental Theory

Cognition is the process of organizing and making meaning of experience. Interpreting a statement, solving a problem, synthesizing information, and / or critically analysing a complex task are all cognitive activities. The most widely known and influential proponent of modern cognitive theory is probably Jean Piaget (1896 – 1980). Recent interest in the social framework within which cognition develops has been stimulated by the work of L.S. Vygotsky. (Meyer & Van Ede 1998:71; Newman & Newman 1997:101.) The basic concepts of Piaget's theory will firstly be discussed whereafter Vygotsky's concepts of cognitive development will be introduced.

4.2.2.1 Piaget's Cognitive-Structural Theory

According to Piaget, every organism strives to achieve equilibrium. Equilibrium is a balance of organised structures, whether motor, sensory, or cognitive. When the structures are in equilibrium,

they provide effective ways of interacting with the environment. Whenever changes in the organism or in the environment require a revision of the basic structures, they are thrown into disequilibrium. (Piaget in Newman & Newman 1997:101.) The researcher identifies with Piaget's view of every individual aiming to achieve balance in life. This contributes to a holistic view of every individual – thereby addressing all facets of functioning.

Piaget focused both on equilibrium with the environment, achieved through the formation of schemes (the structure or organization of action in thought) and operations (the mental manipulation of schemes and concepts) that form systematic, logical structures for comprehending and analysing experience, and on equilibrium within the schemes and operations themselves. (Newman & Newman 1997:102.) The researcher views the role of the environment in development as vital as the individual is in continuous interaction with the environment. This is applicable to the study as the role of the environment within the abusive situation will differ significantly from the non-abusive situation. Establishing an equilibrium with challenges like sexual abuse present in the child's daily interactions with the environment, is a total different process than within a non-abusive situation.

Equilibrium is achieved through adaptation, a process of gradually modifying existing schemes and operations in order to account for change or discrepancies between what is known and what is being experienced. Adaptations is a two-part process in which the continuity of existing schemes and the possibility of altering schemes interact. One part of adaptation is assimilation – the tendency to interpret new experiences in terms of an existing scheme. Assimilation contributes to the continuity of knowing. The second part of adaptation is accommodation – the tendency to modify familiar schemes in order to account for new dimensions of the object or event that are revealed through experience. (Meyer & Van Ede 1998:73-74.)

Piaget hypothesised that cognitive development occurs in four stages, each characterised by its own unique capacity for organizing and interpreting information. He attempted to explain the epigenesis of logical thought, referring to the development of new structures for thought. It seems that he did not attempt to explain the individual differences in knowledge and reasoning or differences in resulting from cultural and sub-cultural experiences. At each new stage, the

competence of earlier stages is not lost but instead is integrated into a qualitatively new approach to thinking and knowing. (Newman & Newman 1997:103.) When studying the characteristics of the various periods of cognitive development, it should be remembered that a child can operate at one level of cognitive development in certain respects and at a lower or higher level in other respects. Piaget refers to this kind of a developmental gap as a *décalage*. For instance, a child who is capable of solving certain problems by means of abstract thought may still, when solving other problems, function in a concrete way. (Meyer & Van Ede 1998:75.)

All four stages are mentioned and briefly discussed. The concrete operational period is applicable within the study as the focus is on the child in the middle childhood years. The four stages are as follow:

- The Sensori-Motor Period (birth to two years)

The first stage, *sensori-motor intelligence*, begins at birth and lasts until approximately eighteen months of age. This stage is characterised by the formation of increasingly complex sensory and motor schemes that allow infants to organise and exercise some control over their environment. (Piaget in Meyer & Van Ede 1998:75.)

- Pre-operational Period (two to seven years)

The second stage, *pre-operational thought*, begins when the child learns a language, and ends at about age five or six years of age. During this stage, children develop the tools for representing schemes symbolically through language, imitation, imagery, symbolic play, and symbolic drawing. Their knowledge is still very much tied to their own perceptions. (Berk 1994:310; Newman & Newman 1997:104.)

- Concrete Operational Period (seven to eleven, twelve years)

The third stage, *concrete operational thought*, begins at about age six or seven years of age and ends in early adolescence, around age eleven years or twelve years. During this stage, children begin to appreciate the logical necessity of certain causal relationships. They can manipulate categories, classification systems, and hierarchies in groups. They are more successful at solving problems that are clearly tied to physical reality than at generating hypothesis about purely philosophical or abstract concepts. (Meyer & Van Ede 1998:79; Newman & Newman 1997:104.)

The researcher is of the opinion that this developmental stage provides important information concerning the cognitive skills of the grade four child. This, in turn, leads to a better understanding of what stimuli, specifically relating to the development of a board game, will appeal to children of this age. Children of this age are still functioning on a concrete level of thinking and therefore presenting abstract ideas of hypotheses to them will not be applicable. Children within this phase of development also tend to not speculate about possibilities – they rather reason in terms of the observable reality in front of them. The board game must therefore present stimuli in an observable and concrete manner.

- Formal Operational Period (adolescence)

The final stage of cognitive development, *formal operational thought*, begins in adolescence and persists through adulthood. This level of thinking permits a person to conceptualise about many simultaneously interacting variables. It allows for the creation of a system of rules that can be used for problem solving. Formal operational thought reflects the quality of intelligence on which science and philosophy are built. (Meyer & Van Ede 1998:80; Newman & Newman 1997:104.)

At the start of each new stage, according to Newman and Newman (1997:104), the child experiences a type of egocentrism or limitation in point of view. With experience, children gain new objectivity about their perspective and are able to step back from the situation and see it more flexibly.

The researcher is of the opinion that Piaget's theory is of more indeterministic nature as it leaves space and freedom to development within provided guidelines. Piaget's theory is a well-integrated and explained theory on cognitive development. The different developmental stages provide valuable information on how individuals differ in their thinking. As the researcher aims to develop a board game with an educational focus, it is important to know how children construct their knowledge.

Implications for Child Development

Piaget's theory has had an enormous influence on research on cognition. It has had an important influence on developmental psychology because Piaget presented the best-integrated and

explained theory on cognitive development. His description of developmental stages makes us aware of how individuals at different ages differ in their thinking. This, in turn, leads to a better understanding of how children and adolescents reason. His description of developmental stages also provide guidelines for the development of syllabi because he explains which cognitive skills should be developed at a particular stage. (Meyer & Van Ede 1998:81.)

Newman and Newman (1997:105) add that children from the period of concrete operations can approach problems through the use of many principles fundamental to scientific reasoning. They can also begin to reason about their reasoning, introduce the importance of meta-cognition or the many strategies that guide the way people organise their thought processes in order to think more clearly and effectively. Another contribution, namely thinking about the social world, is regulated by many of the same principles as thinking about objects in the physical world. As children learn about the principles that govern objects and physical relationships, they are also learning about themselves and others.

In conclusion, the researcher identifies strongly with Piaget's theory. As Piaget clearly indicated, children are looking for stimulation and therefore situations in which children can actively explore and learn must be created. The researcher aims to combine exploration and active learning within the board game as preventative measure against the sexual abuse of grade four children.

4.2.2.2. Vygotsky's Concepts of Cognitive Development

Piaget envisioned cognitive development as a process in which children investigate, explore, discover, and rediscover meaning in their world. Although Piaget acknowledged the significance of social factors, especially parents and peers, in the cognitive process, his theory focuses on individuals interacting with their environment. In contrast, Vygotsky (1896 – 1934), often referred to as a contextualist, argued that development can only be understood within a social framework. (Newman & Newman 1997:105.)

Vygotsky believed that all higher cognitive processes have their origins in social interaction. This means that cognitive skills develop as a result of the interaction of children with more mature members of society. However, Vygotsky does not ignore the role of innate (inborn) factors. He says

that children are born with basic attention, perceptual and memory capacities. These abilities develop as a result of children's social interaction with others within a particular socio-cultural context. (Berk 1994:28.) The researcher agrees with Vygotsky's view of cognitive development being socially mediated and promoted through interaction with competent others. This, however, is not the only contributing factor to cognitive development.

Vygotsky believed that activity generates thinking and that development advances through dialectical exchanges. This means that children become aware that the way they do things does not always work and they are therefore forced to develop new cognitive skills to solve these problems. (Hoffman, Paris & Hall in Meyer & Van Ede 1998:88.)

The socio-cultural histories of individuals - the history of the society in which they grow up as well as their own histories and experiences in their society – determine the level of cognitive development they will reach and the cognitive skills they will acquire. This is because the cultural context in which they function provides opportunities that enhance (support) the development of the cognitive skills necessary in the particular cultural context. (Meyer & Van Ede 1998:89.) The researcher is of the opinion that Vygotsky's theory assists in explaining the diversity within cognitive skills across cultures. By stressing the role of culture in cognitive development, the importance of the surroundings and settings where children grow up, are emphasised. It is therefore important to look at the milieu where children grew up in order to understand their ways of thinking. As there are a variety of cultures within the South African context, this is particularly applicable.

Vygotsky explained the relationship between instruction and development in terms of the *zone of proximal development*. The difference between a child's actual level of development and the level of performance that he achieves in collaboration with the adult, is referred to as the zone of proximal development. (Rieber & Carton 1987:209.) This means that with the direction and collaboration of others (adults or peers), children can reach a higher level of cognitive development than without their assistance. Craig (1996) mentions that when assessing the cognitive abilities of children, their performance under the guidance of an adult or more competent peer should be taken as an indication of their cognitive abilities, and not their performance without the assistance

of others. The researcher identifies with Vygotsky's view of peer collaboration to enhance cognitive functioning. This has important implications for educational and preventative measures. Utilising the peer group may therefore enhance the functioning of a educational or preventative measure. In other words, playing a board game with six children of the same developmental phase will enhance their cognitive skills to a higher functioning level.

Vygotsky's general ideas about the development of thinking and language (referred to as 'speech' in his publications) are as follows (Meyer & Van Ede 1998:89):

- Thinking and language have different genetic origins.
- In the beginning, the development of thinking and language takes place independently. There is no connection between them. This is the pre-speech phase in the development of language and the pre-intellectual phase in the development of thought.
- At a certain point in time, the developmental paths of language and thought meet. This is around the age of two years. Thinking then becomes verbal and language intellectual, resulting in verbal thought.
- Formal education through the medium of language determines the level of conceptual thinking children will reach.

Implications for Child Development

Vygotsky's theory suggests that the boundaries between the individual and the environment are much less clear than one might infer from most other theories of human development. In fact, he emphasises the guiding role of social interaction and culture in shaping and orienting cognition, thus bringing the study of cognitive development into much greater harmony with many of the concepts of psychosocial theory than might be seen in Piaget's framework. (Meyer & Van Ede 1998:89; Newman & Newman 1997:107.)

Several specific implications of Vygotsky's work can be inferred. First, the mental structures and functioning of people raised in a specific culture will be different from those raised in other cultures,

just as the thinking of a toddler is different from the thinking of an adult. Second, because of the way that inter-mental experiences and networks structure events, one's family and others who influence and control the structure of early learning and problem-solving experiences will also influence the structure of one's thinking. Third, individuals can promote their own cognitive development by seeking interaction with others who can help them develop higher levels of functioning within their zone of proximal development. (Newman & Newman 1997:107.)

The researcher agrees with some of the aspects of Vygotsky's theory but his theory seems less integrated with various other aspects than Piaget's. Vygotsky provided important information on the cognitive skills of different cultures, as well as the importance of the peer group to enhance cognitive functioning. The researcher aims to include these aspects in the development of a board game as educational and preventative tool.

4.2.3 Theories of Learning

Learning theorists have proposed mechanisms to account for the relatively permanent changes in behaviour that occur as a result of experience. The reason that humans have such an extensive capacity to adapt to changes in the environment is that they are so well equipped to learn. (Newman & Newman 1997:108.) Three theories of learning that have made significant contributions to the study of human development are reviewed below: classical conditioning, operant conditioning and social learning.

4.2.3.1 The Basic Concepts of Classical Conditioning

The principles of classical conditioning, sometimes referred to as Pavlovian conditioning, were developed by Ivan Pavlov in about 1890. Classical conditioning characterises the types of learning that occur when events take place close together in time and thereby acquire similar meaning. (Kalodner 1995:355.)

In Pavlov's famous experiment with dogs, he showed that dogs would salivate when given food. The salivation reflex became associated with a conditioned stimulus, a bell, which was rung repeatedly when the dog received food. In other words, when the bell was rung, the dog salivated even though there was no food. Thus, the basic elements in a classical conditioning experiment

are the neutral stimulus (NS), the neutral response (NR), the unconditioned stimulus (US), the unconditioned response (UR), the conditioned stimulus (CS), and the conditioned response (CR). Before conditioning, the bell is a *neutral stimulus* (NS). It elicits a response of interest or attention, but nothing more (*neutral response*). The sight and smell of food are *unconditioned stimuli* (US), that elicit salivation, the *unconditioned response* (UR). During conditioning trials, the bell is rung shortly before the food appears. The dog is judged to have been conditioned when it salivates at the sound of the bell, even before the food is presented, because the bell is now associated with the food. The bell, therefore, comes to control the salivation response and is known as the *conditioned stimulus* (CS). Salivation that occurs in response to the bell alone is called the *conditioned response* (CR). (Newell 1996: 171; Newman & Newman 1997:109.)

Classical conditioning is the model for a great deal of learning which takes place in childhood – for example, learning the names of objects. It is, however, a passive form of learning. It depends on unconditioned and conditioned stimuli occurring at the same time. It explains the connection between existing responses with new stimuli only. It provides no explanation for the emergence of new forms of behaviour. (Meyer, Moore & Viljoen 1997:284.) The researcher agrees with the fact that classical conditioning provides for a great deal of learning which takes place in childhood but as it is a passive form of learning, it does not provide for the learning of new behaviour. All that happens is that an existing response is linked to a new stimulus. The individual thus learns to respond to a new stimulus but the response itself is not new. The researcher views classical conditioning as an important part of the process of learning but limiting.

Implications for Child Development

Classical conditioning can account for a great deal of the learning via association that occurs throughout life. When a specific symbol is paired with an image, emotional reaction, or object, that symbol takes on new meaning. The associations that are made through classical conditioning may involve labels and concepts, but they do not necessarily require language skills. (Newman & Newman 1997:109.)

During infancy and toddlerhood, a variety of positive and negative emotional reactions are associated with people, objects, and environments. An adult's reactions to the taste of a certain

type of food or the feel of a particular material may be the result of conditioned learning that originated in childhood. (Newman & Newman 1997:109.) The researcher agrees that, within a specific developmental phase, classical conditioning may provide a proper base for learning. However, when working with older children, the researcher prefers a more elaborated type of learning to take place as the ideal would be that new behaviour be learned, and not only new responses. As the study focuses on the middle childhood years, the researcher aims to investigate a more comprehensive approach to learning.

4.2.3.2 The Basic Concepts of Operant Conditioning

Operant conditioning emphasises the role of repetition and the consequences of behaviour in learning. In this type of learning process, behaviours are strengthened when they are followed by positive consequences and weakened when they are followed by negative consequences. One of the best-known American learning theorists, B.F. Skinner, developed many of the principles of operant conditioning. (Kalodner 1995:355.)

Skinner's work focused on the modification of voluntary behaviours as a result of the consequences of those behaviours. In the traditional operant conditioning experiment, the researcher selects a response in advance and then waits until the subject makes the desired response (or at least a partial response). Then the researcher presents a reinforcement. Reinforcement is operationally defined as any stimulus that makes a repetition of the response more likely. (Newell 1996:173.)

There are two kinds of reinforcements. Some, such as food and smiles, increase the rate of response when they are present. These are called *positive reinforcements*. Others, such as electric shock, increase the rate of response when they are removed. These are called *negative reinforcements*. (Newman & Newman 1997:112.)

Operant conditioning refers to the development of behaviour patterns that are under the learner's voluntary control. The person can choose to make a response, or not, depending on the consequences associated with the behaviour. In many instances, however, the behaviour to be

learned is one that has never been performed before. (Newell 1996: 173; Newman & Newman 1997:112.)

The researcher agrees with the principles of operant conditioning. This is particularly applicable within the development of a board game as preventative measure. The board game functions according to the positive reinforcement of the right answers (move two blocks ahead) and the negative reinforcement of incorrect answers (move back one block). By implementing operant conditioning, behaviour is controlled by the stimuli that succeeds it. Therefore, within the context of the board game, if children notice that they move faster along the board when they answer correctly, they are more likely to concentrate and work harder to repeat their success. The harder concentration and work lead to enhancement of their knowledge on preventative concepts. However, it must be remembered that the individual learner's values and interests play an important role in the learning process and may contribute additionally to the expected outcomes.

Implications for Child Development

The principles of operant conditioning apply whenever the environment sets up priorities for behaviour and conditional rewards or punishments for approximating a desired behaviour. People change whenever their operant behaviours adapt to changes in environmental contingencies. The environment controls the process of adaptation by establishing and modifying contingencies. (Skinner in Newman & Newman 1997:114.)

Behaviour can be modified in the desired direction as long as the person who is guiding the conditioning has control over the distribution of valued rewards. These principles are especially applicable to the learning that takes place during toddlerhood (two and three years of age) and early school age (four to six years of age). Children of these ages are unlikely to be able to analyse the existing framework of reinforcement. There is no doubt that operant conditioning occurs throughout life. Although one typically thinks of adults establishing the reinforcement schedules that shape children's behaviour, it is also clear that a child's behaviour is often a reinforcement for an adult. A child's smile, laughter, enthusiasm, or attention is often a reward that modifies a parent's or a teacher's behaviour. (Newman & Newman 1997:114.)

The researcher identifies with the principles of operant conditioning as long as the person who is guiding the process has control over the distribution of the valued rewards. This may have implications for the role of the facilitator when the board game is played. As the rewards for behaviour (whether negative or positive) are stipulated within the rules of the game, the facilitator or players have limited ability to thwart the process.

4.2.3.3 The Basic Concepts of Social Learning

Modern learning theorists or social learning theorists point out that immediate repetition and reinforcement are not necessary for learning to take place. Bandura, a well-known social learning theorist, quotes several experiments which demonstrate that research participants (both children and adults) can learn behaviour through observational learning. (Meyer, Moore & Viljoen 1997.)

Observational learning or modelling refers to the viewpoint that people can learn behaviour by observing the behaviour of others. For instance, when children see an adult behaving aggressively towards a doll, they can describe or act out the behaviour spontaneously or on request at a later stage, even though they had no opportunity to imitate the behaviour. (Bandura in Meyer & Van Ede 1998:60.) Bandura believes that observational learning is the most important learning method, particularly in the acquisition of complex and even aggressive behaviour. He and other social learning theorists also believe that observational learning can be explained only by assuming that certain cognitive processes occur within the person. The learner must be able to process the model's behaviour symbolically, and so transfer the behaviour to later situations. (Meyer & Van Ede 1998:60.)

The researcher is of the opinion that social learning is a more comprehensive learning theory than classical conditioning as it makes provision for the contribution made by the individual's cognitions, such as expectations and values. However, the researcher views observational learning as only a facet of learning.

Implications for Child Development

The principles of social learning theory are assumed to operate in the same way throughout life. The concept of social learning highlights the relevance of models' behaviour in guiding the

behaviour of others. These models may be parents or grandparents, older siblings, peers, teachers, employers, entertainment stars, or sports heroes. (Newman & Newman 1997:118.)

Since new role models may be encountered at any life stage, new learning through the process of observational learning is always possible. Exposure to a certain array of models and a certain pattern of rewards or punishments results in some behaviours being imitated and others being inhibited. The similarity in behaviour among people of the same ages reflects their exposure to a common history of models, rewards, and punishments. Recognition of the potential impact one has as a model for others, especially in the role of a parent, teacher, clinician, counsellor, or supervisor, ought to impart a certain level of self-conscious monitoring about the behaviours that one exhibits and the strategies that one employs in the presence of children. (Newman & Newman 1997:118.)

Within the learning theories, the researcher associates with the operant conditioning learning theory within the context of the development of a board game. The social learning theory is not really applicable within this context. The researcher hopes that the facilitator models appropriate behaviour when the board game is played, but this is not a factor to determine whether, or not, the board game achieves the set objectives.

4.2.4 Systems Theory

Systems theories attempt to describe and account for the characteristics of systems, viewing individuals as interconnected elements. Any system, whether it is a cell, an organ, an individual, a family, or a corporation, is composed of interdependent elements that share some common goals, interrelated functions, boundaries and an identity. Systems theories take the position that the whole is more than the sum of its parts. (Newman & Newman 1997:129.)

Individuals, families, communities, schools and societies are all examples of open systems. Ludwig von Bertalanffy (1968) defined open systems as structures that maintain their organization even though their parts constantly change. Open systems share certain properties. They take in energy from the environment, transform this energy into a product that is characteristic of the system, export the product into the environment, and draw on new sources of energy from the environment to continue to thrive.

From the systems perspective, the components and the whole are always in tension. One's observations and perceptions depend on one's perspective in this complex set of interrelationships. All living entities are both parts and wholes. A person is a whole – a co-ordinated complex system composed of physical, cognitive, emotional, social and self-subsystems. A person is also part of a family, a classroom or work group, a friendship group, a community group, an ethnic or religious group, and a society. Part of the concept of human development involves an analysis of the adaptive regulation and organization of those subsystems. Simultaneously, human development must also consider the ways that larger systems fluctuate and influence individuals, forcing adaptive regulation and reorganization as a means of achieving stability at higher levels of system organization. (Newman & Newman 1997:131.)

A positive factor for the researcher was that the general system theory played a particularly important role in the movement away from a reductionist towards a holistic view. A more integrated view of the individual's functioning and possible underlying factors are presented within this theory. The researcher's aim with the board game is to develop a tool that can reach the system of the child. The board game must not be played at school only, but be given to every child to take home. By equipping each child with a board game, the tool enters the other systems influencing the child. The researcher is positive that greater success with the improvement of knowledge of preventative concepts will be achieved when the other systems in the child's life are also involved.

Implications for Child Development

The relevance of systems theory to child development can be most readily appreciated in its application to families. Family system theories focus on how families establish and maintain stable patterns of functioning. (Newman & Newman 1997:132.)

One of the most commonly noted characteristics of family systems is the interdependence of its members. Changes in one family member are accompanied by changes in the others. The system's perspective offers a productive approach to clinical problems. A person who has been identified as dysfunctional is treated as part of a family system rather than as a lone individual. From a system theory perspective, the person's problems occur as a result of the way the person

is treated by other family members. The only way to bring about changes in the person's functioning is to alter the functioning of the other members of the system as well. (Newman & Newman 1997:133.)

The researcher agrees with the abovementioned statement by Newman and Newman. The only way to bring about changes in a person, usually a dysfunctional person, is to alter the functioning of the rest of the system as well. By distributing the board game to the family of each child, the rest of the system is included in the process. A systemic approach is the ideal approach for any intervention.

4.2.5 Erik Erikson's Theory

Erikson (1963) divides the life span into eight stages. Each stage is characterised by a crisis – a situation in which the individual must orientate himself or herself according to two opposing poles. Each crisis is brought about by a specific way of interaction between the individual and society. On the one hand, the maturation of individuals brings about new needs and possibilities in them. On the other hand, society sets certain corresponding expectations and offers certain possibilities.

The solution of each crisis does not, however, lie simply in choosing a pole. Instead, it lies in a synthesis (combination of two opposites at a higher level) of the two poles. This results in a new life situation from which the two opposing poles of the next stage arise. When the crisis of one stage has been successfully solved, it will lead to the solution of the next crisis. (Meyer & Van Ede 1998:51.) For the purpose of this dissertation, only the first five stages of Erikson's theory will be introduced.

Stage One: Basic Trust versus Mistrust (Synthesis: Hope)

During this stage, which coincides with the first year of life, the child must develop a feeling of basic trust. At the same time, she must overcome a feeling of basic mistrust. In comparison with life in the womb, the newborn child is helpless in a world that is cold and threatening. The mother and the whole of society, however, are usually prepared to care for and protect the child. (Meyer & Van Ede 1998:51.)

The child's first contact with the world is through the whole body, but particularly through the mouth. The most important social behaviour is incorporation – the taking in of food, warmth, love, and, later, a variety of impressions through the senses. (Meyer *et al.* in Meyer & Van Ede 1998:51.) Erikson (1963) emphasises that the quality of children's relationship with their mother is of prime importance in the development of trust.

Children's incorporative interaction with the environment gradually becomes more active as their motor and physical development proceeds. A healthy synthesis between basic trust and mistrust will equip children well in dealing with new situations. This synthesis, which Erikson characterises with the word hope, is of great importance throughout life. (Meyer & Van Ede 1998:51.)

Stage Two: Autonomy versus Shame and Doubt (Synthesis: Will-power)

During this stage, which covers roughly the second year of life, the child has the task of developing a sense of autonomy (independence) and, at the same time, overcoming a feeling of shame and doubt. This is a time of rapid physical maturation, so the child is capable of greater self-control and movement than before. (Meyer & Van Ede 1998:52.)

The excretory function, in which children now acquire the ability to hold back or let go, is the prototype for a variety of actions. Greater autonomy and freedom, however, bring children into contact with rules and standards of behaviour. This, in turn, leads to the possibility of failure and consequently shame and doubt about their own abilities. This conflict between freedom and discipline is, however, essential for the development of children's moral conscience. The synthesis children are able to achieve is called will-power. (Meyer & Van Ede 1998:52.)

Stage Three: Initiative versus Guilt (Synthesis: Purpose)

This stage, which lasts from approximately ages three to six years, is characterised by the task of learning to show initiative while at the same time overcoming a feeling of guilt. Children's greater freedom of movement and autonomy enables them to act more independently than before so that they can now begin to explore their world with a new sense of purpose. They make contact with a wider circle of people and learn how to manipulate all sorts of things. Children begin to devote

themselves to learning their gender role, in which identification with the parent of the same sex plays a major part. (Meyer & Van Ede 1998:52.)

For the first time, according to Meyer *et al.* (in Meyer & Van Ede 1998:52), there is a clear difference between the social behaviour of boys and girls. A boy actively tries to gain access to society and the world of other people. He concentrates mostly on the material world – like becoming interested in tools and machinery for example. A girl's social relationships are characterised by the development of charm. She is interested in capturing people's affection by being attractive to them. Thus, whereas a boy tries to intrude into society and things, a girl aims at developing a charming nature. (Meyer & Van Ede 1998:52.)

Children's access to society often brings them into situations in which they act against society's rules and trespass on other people's domain. This often leads to guilt feelings with which children have to cope. This stage is therefore of great importance in the development of the superego. Balanced development leads to the synthesis which Erikson calls purpose, which is characterised by the ability to strive for goals purposefully and confidently, without feeling guilty about it and without taking initiative that could be offensive to others. (Meyer & Van Ede 1998:53.)

Stage Four: Industry versus Inferiority (Synthesis: Competence)

This stage is of particular importance within this study as the middle childhood years are included within this stage. This stage, which lasts from the age of six until the beginning of puberty, more or less covers the primary school years. The tendencies of the previous stage are continued with renewed vigour or strength. Children aim at mastering certain skills required for adult life and society helps them by providing schooling. Achieving success becomes important to the child. According to Erikson, the opportunity to achieve success is an important part of education since it helps the child to avoid feelings of inferiority. The child wants to play with and compete against friends, preferably of the same sex. Successful mastery of the required skills leads to the synthesis called competence. (Meyer & Van Ede 1998:53.)

The danger of this stage is that children may fail to acquire the skills and tools of their culture, which causes feelings of inferiority to develop. A healthy balance is reached through the ego

quality of competence, in other words, the development of a sense of proficiency or competence, which is one of the conditions for participating successfully in the cultural processes or productivity and, later, maintaining a family. (Meyer, Moore & Viljoen 1997:218.)

The researcher views this developmental phase as important within the development of a board game for grade four children. As stated by Erikson, the mastering of skills and achievement of success are of vital importance within this developmental phase. It is also mentioned that interaction with peers are enjoyed by children of this age. Combining these aspects during the development of the board game, culminates in providing opportunities for the children to master certain skills and to achieve a sense of competence by doing this. The interactive nature of the board game enhances the children's opportunity for learning as they socialise with one another and compete against friends.

Stage Five: Identity versus Role Confusion (Synthesis: Reliability)

Erikson became well-known particularly because of his work on the adolescent's identity crisis. This is the central problem of this stage. (Meyer *et al.* in Meyer & Van Ede 1998:53.) Adolescents have the task of acquiring a feeling of identity. This feeling consists of three components – the individual's certainty about her own characteristics; certainty about her social identity; and certainty about her own values and ideas. The internal cause of this crisis lies in the physical and psychological changes that begin with puberty, namely changes in physique, the intensification of drives (particularly the sexual drive) and the reproductive ability that comes with sexual maturity. (Meyer & Van Ede 1998:53.)

In order to solve their identity crisis, adolescents experiment with various possibilities. They sometimes revert to earlier identifications, sometimes form new identifications, are sometimes inclined to hero worship, and sometimes rebel against the accepted norms of their society. The ideal solution to the identity crisis lies in a synthesis of the two poles, identity and identity confusion (role confusion), which Erikson calls reliability. This means that individuals should be sure of their identity, but should also know and accept that there are other identity choices which they could have made and that they have other possibilities within themselves. (Meyer & Van Ede 1998:52-53.)

Implications for Child Development

Erikson's theory, according to Meyer and Van Ede (1998:54), seems to be one of the most successful attempts to provide a consistent and reasonably complete picture of human development. It provides a wide and comprehensive view of humanity. Instead of seeing psychosexual problems as the centre of development, Erikson built his theory around psychosocial crises, which always contain both positive and negative possibilities. The researcher agrees with Meyer and Van Ede regarding their evaluation of Erikson's theory. However, some aspects of human development are amiss. Developmental factors like cognitive and emotional development do not really feature within this theory. Despite this, Erikson's theory provides a consistent and reasonably complete picture of development.

4.3 DEVELOPMENTAL TASKS OF MIDDLE CHILDHOOD

The next section is devoted to a discussion on the various developmental tasks expected within middle childhood. As the researcher is focusing on children within the middle childhood years, it is important to establish a clear picture of the developmental tasks to be achieved within this period. These developmental tasks provide guidelines for the development of an age-appropriate board game.

The period from approximately the sixth to the twelfth year of life is generally known as the middle childhood. It is a period of relative calm and stability, considering the rapid development in the earlier preschool period and later adolescent years. (Louw *et al.* 1998:322.)

Psychologists agree that, although it is a period of relative calm in respect to physical development, it is nevertheless an important period in children's cognitive, social, emotional and self-concept development. Development in these areas enables children to achieve a better understanding of their world. Their social environments offer them new opportunities for socialisation and for gaining new learning experiences. The school's contribution in particular should not be underestimated, even though the influence of the parents and family is still of cardinal importance. (Louw *et al.* 1998:322.)

During middle childhood, according to Kaplan (2000:369 – 456), the child should master the following developmental tasks:

- Further refinement of motor skills.
- The consolidation of gender-role identity.
- The development of various cognitive skills.
- The extension of knowledge.
- The extension of social participation.
- The acquisition of greater self-knowledge.
- The further development of moral judgment and behaviour.

The developmental tasks will be divided into the four dimensions of Physical Development, Cognitive Development, Personality Development and Social Development, and briefly discussed accordingly.

4.3.1 Physical Development

The physical development of the child in the middle childhood years is not applicable within the context of this study. It is necessary to be informed about the norm of development to be able to distinguish the abnormal. As the researcher works from a holistic perspective, it is thus included as well.

Physical development will be divided into general physical development and the development of motor skills.

4.3.1.1 General Physical Development

One of the outstanding characteristics of physical development during middle childhood is the rapid growth of the arms and legs in comparison with the body. This fact is chiefly responsible for children's lanky appearance during middle childhood. (Van der Westhuysen & Schoeman 1988.)

Another important characteristic is the slower growth rate of this period in comparison with the earlier preschool period and the later period of adolescence. Instead of leaps and bounds in physical development, there is now a more gradual growth. The average annual growth is about 6 cm and 2 kg respectively. Bodily proportions change gradually and the child's body begins to take on a shape similar to that of an adult. (Louw *et al.* 1998:323.)

Turner and Helms (1995) indicate other physical changes as well:

- The brain reaches its adult size and weight.
- The respiratory system functions more economically, breathing becomes deeper and slower.
- The circulatory system develops at a slower rate and in middle childhood the heart is smaller in relation to the body than at any other stage of life. Blood pressure also increases, but the heartbeat decreases.
- The milk teeth are replaced by permanent teeth, a process that is largely completed by the end of middle childhood.

4.3.1.2 Motor Skills

The acquisition and refinement of a variety of psychomotor skills are some of the most prominent developmental characteristics of the middle childhood period. Such new skills develop because of an increase in strength, coordination and muscular control over the body. Balance and elegance of physical movement also improve considerably. It can therefore be expected that children will take part in activities that require the application of motor skills. Children like to run, jump, skip, cycle, skate, swim. (Louw *et al.* 1998:326; Shaffer 1999:165.)

4.3.2 Cognitive Development

During these years, children spend a large portion of the day in school, hence it is to be expected that their cognitive skills will develop a great deal. However, it is essential to bear in mind that not all children currently have access to education in South Africa. Differences in cognitive performance could therefore be expected. In the following discussion some of these cognitive aspects will be introduced.

4.3.2.1 Piagetian Cognitive Tasks

According to Piaget (see 2.3.1.1) children in the concrete operational period (which coincides with the middle childhood years) are able to understand conservation, numbers as well as multiple and hierarchical classification. They have mastered animism and transductive reasoning. (Louw *et al.* 1998:327.) The concepts are explained accordingly:

- Classification

When children are able to understand and to perform multiple classification, they can classify objects on the basis of more than one criterion simultaneously. Children are thus able to classify objects on the basis of their shape, colour and size. (Louw *et al.* 1998:327.)

- Decentring

Decentring is the ability to consider various aspects of a matter (Louw *et al.* 1998:327.)

- Conservation

Conservation means that the quantitative relationship between things stays the same, even though perceptual changes (transformations) take place, just as long as nothing is added or taken away (Louw *et al.* 1998:328).

- Seriation

Seriation refers to the ability of children to arrange objects systematically in a series from small to large, or from large to small. This implies that children understand transitions and that they can make transitional inferences. (Piaget in Louw *et al.* 1998:329.)

- Number concepts

The number concept is mastered during the concrete operational period because children now understand the ordinal ($2 < 3 < 4$) and the cardinal (the absolute numerical size) characteristics of numbers as well as conservation of numbers. (Louw *et al.* 1998:330.) The effect of schooling can have a definite impact on the development of the mentioned cognitive aspects. As children's memory also plays an important role in various cognitive activities, the following discussion will be devoted to memory.

4.3.2.2 Memory

There are various types of memory - working memory (memory span), semantic memory (knowledge of rules and meaning) and episodic memory (memory for personal experiences) - that play an important role in middle childhood. These three types of memory improve during these formative years. (Louw *et al.* 1998:331 - 334.)

4.3.2.3 Children's theory of mind

Children's theory of mind, according to Louw *et al.* (1998:339), refers to their knowledge of the mind and how it functions, as well as their knowledge of their own mental states and those of others and how these mental states influence behaviour. The improved theory of mind in children can be attributed to improved meta-cognitive abilities, improved meta-memory and an improved ability to reflect on their own mental life.

4.3.2.4 Language Development

There is significant language development during middle childhood. The length and complexity of the sentences that children use, increase, and certain grammatical forms, such as the passive form, are completely mastered at school. (Bee in Louw *et al.* 1998:339.)

The vocabulary of children increases as they learn new words and their meanings. The multiple meanings of words are mastered. Children also master metaphorical language. Humour based on wordplay and ambiguity also becomes prominent. (Shaffer 1999:389.)

The development of especially cognitive skills, memory and language of children within this stage are important for the development of a board game and will be incorporated.

4.3.3 Personality Development

The following aspects of personality development will be discussed:

4.3.3.1 Self-concept

During middle childhood, the self-concept develops rapidly. This period could be regarded as a sensitive period for the development of the self-concept because specific kinds of experiences have significant consequences for its development. According to Papalia and Olds (in Louw *et al.* 1998:344), when children are six or seven years old, they begin to define themselves in psychological terms; they develop a concept of who they are (the real self) and also of how they would like to be (the ideal self). The ideal self includes many of the norms they have learnt, and it helps them to control their impulses so that they can be seen to be the 'good' person they would like to be. By the age of eleven, their self-assessments correlate highly and significantly with the assessments of friends and teachers.

4.3.3.2 Emotional Development

Turner and Helms (1995) state that middle childhood is a time of greater emotional maturity. This implies that a change has taken place from helplessness to independence and self-sufficiency. It also implies greater emotional flexibility and greater emotional differentiation. Gender-role stereotyping, however, influences the nature and quality of emotional expression. Although all children need to express their emotions, gender-role stereotyping often prevents such expression.

According to Van der Zander (in Louw *et al.* 1998:345), children's understanding of their emotions and emotional expressions change noticeably between the ages of six and eleven. They increasingly attribute emotions to internal causes, they become aware of the social rules governing the expression of their emotions, they learn to 'read' facial expressions with greater accuracy. As children become older, they also become capable of identifying emotional labels such as anger, fear and happiness; and of attributing inner feelings to them.

4.3.3.3 Sensitivity to Others

Children in the middle childhood years develop sensitivity towards other people. In their early childhood years, children behave in a predominantly egocentric way. They live in their own world and seem to have little awareness of other people's inner feelings. (Van der Westhuysen & Schoeman 1988.) Children develop a sensitivity towards other people and they take other people's needs and feelings into account. Children tend to become more altruistic (unselfish). The development of sensitivity towards other people also causes children to become aware that they themselves are being perceived by other people and that on the basis of these perceptions other people come to certain conclusions about them, which could influence the other people's behaviour towards them. (Louw *et al.* 1998:349.)

The different concepts of personality development should be incorporated during the development of a board game. Concepts like gender stereotyping, the ventilation of emotions and sensitivity towards others need to be taken into account by the researcher.

4.3.4 Social Development

Children in the middle childhood years are exposed to many new social learning experiences that have a profound impact on their development.

4.3.4.1 The Role of the Family

Children in this developmental phase tend to spend much more time away from home than they did in their earlier years. They also spend far less time with their parents. However, the child's home is still the place that offers the most security and the family is still the pivot on which his or her life hinges. (Louw *et al.* 1998:350.) Because children's roles change between the ages of six and twelve, the parents' roles also change. Children gradually become less dependent on their parents in terms of active help. They want more opportunities to make decisions affecting their life, either jointly with their parents or on their own. (Berk 1994: 374; Louw *et al.* 1998:350.)

4.3.4.2 The Influence of Schooling

When children begin their schooling, their lives change dramatically. Although the family still has a major influence, the school also plays a very important role in the development of children in their middle childhood years. South African children spend approximately six hours a day in school for

up to twelve years – a significant impact is therefore very possible! (Louw *et al.* 1998:358.) The child's adjustment at school, as well as the role his or her teacher plays, plays a central role in the learning experience.

4.3.4.3 The Influence of the Peer Group

During middle childhood, children become more inclined to interact with other children of the same age and gender. This could, to a large extent, be attributed to the fact that they know and associate with many more children (their classmates) than previously. Children interact with other children for the sake of friendship, affection and fellowship. Children are also more inclined to practice and refine their social skills in interaction with other children rather than in interaction with adults. (Louw *et al.* 1998:366.)

Avoidance of the other sex becomes quite pointed in the primary school years. Children tend to become less sympathetic to the other sex and less willing to help them in the class room, and they often invent rules that prohibit contact with the other sex during this stage. (Beal 1994:121.) Thorne (1994:47) adds that although girls and boys are together and often interact in class rooms, lunch rooms, and on the playground, these contacts less often deepen into friendship or stable alliances, while same-gender interactions are more likely to solidify into more lasting or acknowledged bonds. Much of the daily contact between boys and girls resembles that of 'familiar strangers' who are in repeated physical proximity and recognise one another but have little real knowledge of what one another are like.

As the role of the school and teacher are important within this developmental phase, the researcher is convinced that collaboration with educators concerning the board game's distribution will enhance the efficiency. When children receive the board game within a school context, the researcher is of the opinion that a more positive and collaborating stance from the children will be achieved.

4.3.4.4 Moral Development

Morality refers to a set of principles which enables individuals to differentiate between right or wrong. Moral development refers to the process by which children learn the principles that enable

them to judge behaviour in a particular society as 'good' or 'bad'. Clearly, the moral development of each successive generation of children is of great importance to a society in order to ensure the peaceful coexistence of society members and order in that society. (Louw *et al.* 1998:375.)

Lawrence Kohlberg (in Louw *et al.* 1998:376) developed a theory of moral development and he stated that children go through different stages of moral development, and that moral development is based on cognitive development and relevant social experiences. According to Kohlberg's stages, the pre-conventional level (Level I) of moral development is characteristic of middle childhood in particular. Children at this level conform with rules in order to avoid punishment and obtain rewards. The following table illustrates the first two levels of Kohlberg's stages of moral development (Louw *et al.* 1998:378.):

Table 4.1 Kohlberg's Stages of Moral Development

Age	Level / Stage	Kind of Behaviour
± 5 – 9	Level I: Pre-conventional Level Stage 1: Heteronomous morality - Punishment and obedience orientation	Children obey rules to avoid punishment
	Stage 2: Individualistic morality - Instrumental goal and interchange	Children obey rules to obtain rewards or favours
Most adolescents and adults	Level II: Conventional Level Stage 3: Morality of interpersonal expectations, relationships and conformity – Good boy / good girl orientation	Children obey rules in order to be accepted and to avoid rejection
	Stage 4: Morality of social systems and conscience – Law and order orientation	Individuals accept rules because they can identify with them and perceive them as essential for preserving society

(Louw *et al.* 1998:378.)

As Kohlberg's theory states that children within the middle childhood years are within the pre-conventional level of moral development, they tend to obey rules to avoid punishment and to obtain rewards. The board game as a preventative measure will therefore be an ideal tool for communicating with these children as the board game is based upon rules, positive rewards and negative rewards. Children within this developmental phase will be able to easily associate and identify to this medium of communication.

It is evident that the developmental tasks of the middle childhood years are multi-faceted. The development that takes place during middle childhood, particularly children's new and varied experiences, prepares them well for the subsequent adjustments and challenges of adolescence. The researcher is of opinion that it is of great importance that every therapist working with clients be familiar with the principles of developmental psychology. Only if the therapist understands the norm of normal development, any deviations from the norm can be fully appreciated.

4.4 SUMMARY

This chapter dealt with the development of the child in the middle childhood years, the major developmental theories and the developmental tasks within the four dimensions of physical, cognitive, personality and social.

Although the researcher more strongly associates with indeterministic theories, a combination of deterministic and indeterministic were provided within the discussion. The researcher could identify with facets within each developmental theory. Freud's Psychoanalytic Theory recognises the importance of emotions and fantasies in human behaviour. Behaviour is a construct consisting of more than just reason and logic. The role of emotive and mental activities need to be incorporated as well. The researcher thus identifies strongly with some of the aspects of Freud's theory and will incorporate some of these facets for the development of the board game as a preventative measure against the sexual abuse of grade four children.

As Piaget clearly indicated in his Cognitive-Structural Theory, children are looking for stimulation and therefore situations in which children can actively explore and learn must be created. The researcher aims to combine exploration and active learning within the board game as preventative

measure against the sexual abuse of grade four children. Vygotsky's socio-historical view of cognitive development aided the researcher in understanding the diversity within cognitive skills across cultures. Vygotsky emphasised that the level of cognitive development reached is determined by the socio-cultural history of individuals. By stressing the role of culture in cognitive development, the importance of the surroundings and settings where children grow up, are emphasised. The researcher also agrees with the principles of operant conditioning. This is particularly applicable within the development of a board game as preventative measure, incorporating positive and negative reinforcements as awards.

A positive factor for the researcher was that the general system theory played a particularly important role in the movement away from a reductionist towards a holistic view. A more integrated view of the individual's functioning and possible underlying factors are presented within this theory. The researcher's aim with the board game is to develop a tool that can reach the system of the child. As stated by Erikson, the mastering of skills and achievement of success are of vital importance within this developmental phase. It is also mentioned that interaction with peers are enjoyed by children of this age. These aspects assisted the researcher in the development of the board game.

The various developmental tasks to be achieved by children within the middle childhood years guided the researcher regarding the age-appropriateness of the board game and equipped the researcher to develop a tailor-made product. Developmental psychology is a multifaceted phenomenon – consisting of much more than just the observation and description of all the changes which occur during a person's lifetime. The therapist need to have a clear and precise understanding of what development entails and what its underlying processes are.

A framework to systematise and interpret the many development changes is also vital. It is only then that a therapist can tailor therapeutic methods to fit the developmental level and process of the client. Communication with children differ as they are still developing and need to be accommodated with another communicative medium. Play is a natural communicative medium for children and the following chapter therefore aims to introduce the concepts of play and Play

Therapy. The development of play will be discussed, as well as the role of play and whether, or not, cultural differences have an influence on play.

CHAPTER FIVE

PLAY AND PLAY THERAPY

5.1 INTRODUCTION

The unique characteristics of the child client give a special character to therapy. Children communicate in a special language. Counselling children in the same way as adults will therefore be counterproductive. Adults are counselled by sitting down with them and inviting them to talk to the therapist. If the same strategy was to be used with children, many of them would say nothing except to answer direct questions. Those children who were able to talk to the therapist would be unlikely to tell anything of importance. To produce effective change in children, it is necessary to use processes which will enable the child to tell her story and release her emotions. Play and Play Therapy are essentials in this process.

The aim of this chapter is to examine the dynamics of play and Play Therapy in an attempt to provide a theoretical foundation from which relevant and potentially therapeutic and preventative measures could be derived. This chapter provides a vital part of the theoretical foundation the researcher based the development of a board game as preventative measure on. Firstly, play and Play Therapy will be defined. Secondly, a developmental perspective on child's play will be introduced whereafter the function of play for children are discussed. Play within different cultures will be briefly introduced and then the impact of child abuse on children's play will be discussed. Finally, different approaches to Play Therapy will be discussed with a focus on Gestalt Play Therapy. A discussion on the researcher's theoretical perspective – derived from various approaches to Play Therapy – will conclude the chapter.

5.2 DEFINING PLAY AND PLAY THERAPY

5.2.1 Play

It seems that no single, comprehensive definition of the term 'play' has been developed. *The Dictionary of Psychology* (Corsini 2002:732) defines 'play' in the following way:

Activities freely sought and pursued for the sake of enjoyment. Play is important to children for giving them various kinds of physical and social

skills. Play is also a prime means of exploring the self and the world, as well as a means of maintaining mental health and achieving a balanced life.

The most often cited quotation of play was developed by Erikson (in O'Connor 1991:3) who stated that play is a function of the ego, an attempt to synchronise the bodily and social processes with the self. Erikson thought of play as the antithesis of work, as fun and free from compulsions of a conscience and irrationality. Several unique attributes of child's play are summarised in the following (Caplan & Caplan in Sweeney & Homeyer 1999:5):

- Play is a voluntary activity by nature. In a world full of requirements and rules, play is refreshing and provides a respite from everyday tension.
- Play is free from evaluation and judgment by adults. Children are safe to make mistakes without failure and adult ridicule.
- Play encourages fantasy and use of imagination. In a make-believe world, children can exercise the need for control without competition.
- Play increases interest and involvement. Children often have short attention spans and are reluctant to participate in a lower interest, less attractive activity.
- Play encourages the development of the physical and mental self. (Caplan & Caplan in Sweeney & Homeyer 1999:5.)

However, the fact that play is guaranteed by the United Nations as an inalienable right of childhood for all children all over the world, reveals the great importance placed upon play as an important task that facilitates a child's growth and maturation. (Brems 1993:258.) Froebel (in Ramsden 1998:17) describes play as the serious business of childhood. Children's play can be more fully appreciated when recognised as their natural medium of communication. Children express themselves more fully and more directly through self-initiated spontaneous play than they do verbally because they are more comfortable with play. For children to 'play out' their experiences

and feelings is the most natural dynamic and self-healing process in which children can engage. (Landreth 1991:10.)

Brems (1993:260) identified three overall functions for play in a child's life – self-development function; maturation function and relationship function. Each function has specific purposes in the child's development as indicated in Table 5.1:

Table 5.1 Purposes of Play in a Child's Everyday Life

Self-Development	Maturation	Relationship
Engaging in self-expression	Exploring the environment	Communicating with others
Defining the Self	Exploring relationships among	Learning about roles
Expressing and Exploring feelings	objects	Learning about cultures and
Discovering likes and dislikes	Gaining a sense of mastery	environment
Gaining a sense of control	Practice language skills	Learning social skills
Coping with difficult situations	Practicing motor skills	Exploring relationships among people
Expressing complexities beyond	Practicing cognitive skills	Working through conflict in
verbal capacity	Learning moral judgment	relationships
Meeting the need to be engaged in	Learning problem-solving skills	Feeling connected to others
an activity	Organising experiences in	Using others as models
Feeling stimulated	meaningful ways	

(Brems 1993:260)

The purpose and function of play within a child's life are more comprehensively discussed in section 5.4. Sweeney (in Sweeney & Homeyer 1995:5-6) discussed the fundamentally pre-operational nature of play and Play Therapy. Adult talk therapy is essentially characterised by the formal operations of Piagetian development. Adult communication is by its nature abstract and sophisticated, whereas children are by their nature concrete and simple. Play and language are essentially relative opposites, as they are contrasting forms of representation. When compelled to cognitively verbalise, children must translate thoughts into the accepted medium (talk). The inherent limitation is that children must fit their world into this existing medium. Play and fantasy, however, do not carry this limitation. Children can create without the restriction of making their creation verbally understandable. Play and children, therefore, do not lend themselves to operationalism – they are in fact pre-operational.

Bundy (1991:59) defined play as a transaction between an individual and the environment that is intrinsically motivated, internally controlled and free of many of the constraints of objective reality. Play, according to Cooper (2000:262), is therefore a special kind of activity or transaction that occurs between the individual child and the environment, influenced by cultural expectations, and engaged in because the child wants to, not because she has to. The individual child brings her developmental abilities and play skills, along with her personal play preferences and playfulness, to the play transaction, while the child's immediate environment (physical setting, available play materials and social elements) either encourages or limits her play activities. The surrounding adult cultural values and beliefs, and the child's experience of care or parenting, further influence how the play transaction develops. This play transaction between the child's skills and the environment is a dynamic process that has an impact on the child's immediate physical and social environment, and in turn, influences the broader socio-cultural expectations of childhood that adults have. (Sutton-Smith in Cooper 2000:262.)

The play of children who are severely deprived, or those with developmental deviations or deficits, is often poorly elaborated and tends to represent a narrow or small repertoire in terms of links to fantasies. They often fail to achieve elaboration and structure in play, which are characteristic of progressive development. (Solnit in Lee 1997:53.) This must be remembered when dealing with children from disadvantaged backgrounds.

Play as diagnostic and therapeutic tool has proved most valuable in child analysis. Neubauer (in Lee 1997:53) delineates several primary and interlocking characteristics of play and how these impact upon child analysis. First, it involves a mental act that contains a conscious or unconscious fantasy and wish. Second, it has a physical component that carries into observable enactment. And third, play must have the quality of exploration or 'trying on', that is, an awareness that what is enacted is not real – creating a symbolic capacity. If the child's play meets these criteria, Play Therapy may be the mode of choice. Loss of any one of these criteria would preclude calling it play, as for instance when the play becomes obsessive and routinised rather than free and spontaneously created.

For the purpose of this study, play will be defined as an freely sought activity for the sake of enjoyment incorporating three traits – a conscious or unconscious fantasy; a physical component and a symbolic component. When play loses the quality of ‘pretend’ or when it goes out of control, as when it becomes real in terms of consequences, it will not be defined as play. The definition of Play Therapy for this study will be based here upon.

The diagnostic criteria for many of the childhood disorders in the DSM-IV (American Psychiatric Association 1994) are essentially sensory based. This makes sense, because children themselves are so sensory focused. It would seem, therefore, that a treatment approach for children should be sensory based. Play Therapy does meet this criterion. (Sweeney & Homeyer 1999:6.) Accordingly the definition of Play Therapy will be introduced.

5.2.2 Play Therapy

When working with children, it is crucial to remember that their lives are so often outside their own control and often intruded upon, sometimes in very traumatic ways. Therapeutic interventions, therefore, should not only be non-intrusive but provide high levels of safety for children. Play Therapy does this. (Sweeney & Homeyer 1999:6.)

Play Therapy provides children with a safe place and safe relationship in which to abreact. It works through the use of metaphors and symbols, where toys and play may represent an abuser or an abusive situation; through the use of projection, where intense and frightening emotions may be projected onto the play media and activity; and through sublimation, where negative emotions toward people may be displaced onto toys. Additionally, Play Therapy allows the child to experience in fantasy what is not allowed in reality: mastery and control over people and situations. (Sweeney & Homeyer 1999:6.)

Ginot (in Henderson 2000:373) proposes that a child’s play is his talk and toys are his words. Play assists in establishing a relationship with a child, helps the child to state her concerns, aids in the assessment process, and promotes healing and growth (Orton in Henderson 2000:373). Cattanach (1995:224) provides a multi-dimensional model of Play Therapy based on the concepts of:

- The central place of play is the child’s way of understanding the world;

- The developmental aspect of play and the recognition that in therapy children move back and forth along a developmental continuum as they discover and explore their identities;
- The symbolism inherent in play through which children can experiment with imaginative choices and maintain a distance from the consequences of those choices in real life; and
- The special place and time for play, which is both a physical space and a therapeutic space.

Facilitating play into therapy powerfully facilitates a development even with minimal verbal interactions. Besides this general benefit, incorporating play into counselling has several other advantages. (Albon in Henderson 2000:37.):

- The child is given freedom to make choices;
- Play evokes fantasies and unconscious feelings;
- Play offers familiar tools for children to use;
- The only limits required are to keep the child and others safe from harm;
- Play Therapy allows the child a safe place to act out feelings, to gain understanding and to change (Bradley & Gould 1993:86).

Axline (1969:9) defines 'Play Therapy' in the following way:

Play Therapy is based upon the fact that play is the child's natural medium of self-expression. It is an opportunity which is given to the child to 'play out' his feelings and problems, just as in certain types of adult therapy, an individual 'talks' out his difficulties.

In addition, *The Dictionary of Psychology* (Corsini 2002:733) defines 'Play Therapy' as:

The use of play activities and materials (clay, water, blocks, dolls, puppets, drawing, finger paint) in child psychotherapy and mental hygiene. Play techniques are based on the theory that such activities mirror the child's emotional life and fantasies, enable the child to 'play out' feelings, and to test out new approaches and relationships in actions rather than words.

The definition of Axline mentions the ventilation of the specific stressor, but mastering the stressor is not mentioned. The researcher is of the opinion that the ventilation and 'playing out' of a stressor is vital in the process of healing, but that mastering and gaining insight with the aim of facilitating emotional growth are just as essential in the therapeutic process. For the purpose of this study, Play Therapy will be defined as the use of the medium of play, with the assistance of a therapist, hereby providing a safe therapeutic setting for the child to process, master and work through the relevant stressor. A developmental perspective of child's play will be discussed accordingly.

5.3 A DEVELOPMENTAL PERSPECTIVE OF CHILD'S PLAY

The unique characteristics of the child client give a special character to therapy. Children are complicated, but once the therapist understands their special language, they are found to be both uncomplicated and open. (Greenspan in Van der Merwe 1996:6.) A relevant aspect is the unique character of working with children and therefore the differences due to developmental level will be briefly introduced before the development of child's play will be discussed.

Van der Merwe (1996:7) mentions several differences between child and adult clients due to the difference in developmental level:

- Children are in the initial process of development and their conduct will therefore be immature. However, development is a continuing process and therefore adults are also still in a process of development. Bee (1996:14) defines adulthood as that period from age 18 to death. The researcher therefore refers to the initial process of development when referring to children from age 18 and younger.

- There is an inability to conceptualise, especially concerning time and space. This may limit the structuring of therapy;
- A child's span of attention is short – Moore (in Van der Merwe 1996:7) refers to the 'grasshopper mind' of the child client;
- As their intellectual abilities are still in the process of development, children usually take longer to gain insight than adults;
- The use of fantasy is common, which makes it difficult to know when the child is giving a clear picture of reality;
- As her ego is still developing, the child's ability to handle internal impulses and external demands is limited;
- Children perceive their external world as being able to control them in a mysterious way. They may have unrealistic thoughts and fears ;
- Owing to a strong egocentric attitude, the child may act impulsively, seeking attention and self-satisfaction;
- The emotional influence of somatic and biological factors, such as thirst or hunger, is considerable and can be the cause of a low frustration tolerance level;
- As the child's self-identity is still unformed, her knowledge of herself and her aspirations are poor;
- Ambivalence is common, with the child showing no definite pattern in the handling of conflicts or problems;

- The cognitive ability to place herself mentally in someone else's shoes is lacking. As a result, the young child cannot feel empathy.

The child's style of communicating therefore differs from the adult's. Non-verbal communication is especially prominent in the child and surfaces through play. Because the child's language skills are poorly developed, the use of simple language with appropriate voice tone and facial expression are necessary on the part of the therapist. Conversation tends to be unreliable as verbal skills are still underdeveloped. The child does not usually respond well to questions. The verbalisation of feelings – even those on a conscious level – is difficult for the child as his knowledge of 'feeling language' is usually limited. (Van der Merwe 1996:7-8.) The goal of any intervention with children should be to provide a safe, non-threatening environment for the child in which playfulness will be facilitated to increased competence. The play of children is a multi-faceted phenomenon. The researcher agrees with the authors that the child's knowledge of emotive language is limited and that all interventions aimed at children should be adapted accordingly. The development of a board game as preventative measure may therefore act as a tool to enhance communication as well.

Play is a synthesis of cognitive, imaginative, and motor activities that facilitates the child's growth and development. This growth occurs in a series of stages in which the child's sense of self is developed and defined. Through play, children can express their thoughts and feelings, their likes and dislikes, and their hopes and fears. Decisions can be made and unmade without fear of failure, humiliation or sanctions. (Orton 1997:214.)

As children grow and develop, symbolic play is gradually replaced with social play. Through social play, children can practice the skills necessary to build relationships with others and to model socially acceptable behaviour, children learn to get along with other children, to share and to cooperate. The peer recognition that comes with playing by the rules and performing well helps children achieve a sense of mastery over their social and physical environment. Such experiences, developed in early childhood, form the basis for future gratification of interpersonal relationships, which are essential for the health and happiness of children and adults. (Orton 1997:214-215.) Although the researcher agrees with Orton, it should be emphasised that every child develops in

her own unique way and that interactions with peers and the environment may have various different outcomes.

Proficient social skills underpin the child's ability to communicate 'this is play' when initiating and maintaining interactive play roles. Play as a form of communication not only reflects a child's self-concept and language skills, but also her social knowledge and interpretation of social roles. Gender roles may also determine a child's social play choices. For example, boys tend to engage in more aggressive rough-and-tumble play, competitive chasing and play-fighting than girls. Social participation is a gradual process of increasing sophistication as the child is better able to express herself and respond to the different cues and rules of social situations. (Larson in Cooper 2000:265.)

The ability to play follows a developmental pattern. The following table, according to Kaplan (2000:328), illustrates the different types of play:

Table 5.2 Types of Play

Type of Play	Characteristics	Developmental Age
Unoccupied Play	Hugs stuffed animal, basically sensori-motor, explores properties of objects	First year
Solitary Play	Playing by oneself	Continuing
Onlooker Play	Watches others, may follow other children around, cannot participate	Later in first year and continuing through second year
Parallel Play	Plays in proximity to other children but not with other children	Two-year olds and some three-year olds
Dramatic Play (Pretend Play)	Plays various roles, use of imagination	Beginning second year, increases through early childhood
Associative Play	Plays with other children but cannot sustain interactions	Third and fourth year
Cooperative Play	Can sustain interactions, takes roles and plays them more easily	Fifth or sixth year

(Kaplan 2000:328.)

Some of the stages mentioned in Table 5.2 are discussed accordingly:

Sensorimotor Play

All the information that the infant needs for thinking, imagination and language is available through the senses. Shortly after birth, the young baby gathers sensory information by manipulating objects and performing certain motor activities. Until babies are about 3 months old, their play consists mainly of looking at people and objects and making random attempts to grab objects in front of them. From 3 months on, infants are able to grasp, hold, and examine small objects. They examine everything they can reach by sucking, banging, or pulling on it. Everything they can't reach, they merely look at. (Orton 1997:215; Piaget 1962.) The researcher does not agree that looking at objects and making attempts to grab objects can be defined as play in this study. According to the definition for play proposed for this study, the physical activity does not have symbolic meaning and therefore cannot be defined as play.

As children approach age 2, pretense is already noticeable in their play. When children sputter like aeroplanes as they 'fly' from room to room, they are preparing for imaginative play. Sensorimotor play sets the stage for later symbolizing, make believe, fantasy and pretense. (Jernberg in Orton 1997:215.)

Imaginative Play

The ability to symbolise, so central to imaginative play, signifies major advances in both intellectual and language development. Imaginative play commonly occurs between ages 2 and 6 when children learn to 'make believe'. Imaginative play can include pretending, in the form of dramatic and socio-dramatic play, and fantasizing, in the form of daydreaming or the creation of an imaginary friend. (Orton 1997:215; Piaget 1962.)

The child's first steps toward make-believe scenarios are played out in dramatic play. In dramatic play, the child tries on the roles of the important people in her world. She pretends to be another person, and adopts that person's speech, gestures, and activities. During pretend play, make-believe objects are used to represent other things, and there is a certain informal plot that includes real or imagined experiences. (Smilansky in Orton 1997:215.) As preschoolers continue to develop their cognitive skills, the complexity, duration and frequency of their play increases and solitary pretending gives way to socio-dramatic play involving other children. (Orton 1997:215.)

Socio-dramatic Play

Socio-dramatic play is based on the premise that individuals react to each other and also interact with each other in a form of social play (Smilansky in Orton 1997:216). This form of play incorporates all the elements of dramatic play but adds shared make-believe play and verbal interaction between two or more children. In this type of play, children need other children in order to imitate both actions and reactions and to reproduce the world as they see it. Through interactive play, children can practice their language skills, express their emotions, and work out their own interpretations of their social world. In this make-believe world, children can develop skills for coping with real-life situations. (Orton 1997:216.)

Fantasy

Imaginative play can take the form of fantasy, which includes pretending, daydreaming, and creating imaginary playmates. Fantasy has been described as a free-reining, personal, inner method of symbolic play that is the child's natural medium of action. (Smart & Smart in Orton 1997:216.) Not only is fantasy a pleasurable activity of childhood, but it allows children to retreat from reality long enough to process new experiences and solve problems.

Young children often do not know what is troubling them, and, even if they do, many are unable to express their concerns directly. Therefore, they use a form of symbolic communication to express thinly disguised emotions in stories and other forms of play. This expression may help children vent their feelings and work through their problems. (Orton 1997:216-217.) Although fantasy has not always been encouraged, it performs a valuable function in childhood. This type of imaginative play enables the child to apply inner solutions to the outer world of reality. (Orton 1997:217.)

Games

As children grow and develop, they move from spontaneous, unstructured make-believe play to more structured, formal, and organised games with rules (Schaefer & Reid in Orton 1997:217). By the time children are four or five years old, they play games to test their skills rather than just for fun. The rules are few and are often modified or even violated. The traditional games of early childhood, such as cards, guessing games, and puzzles, are played first with parents and siblings,

and only later with peers. As children grow older, rules become stricter and competition keener. (Orton 1997:217.)

Between the ages of seven and eleven, games with rules begin to take precedence over imaginative or pretend play because children have the increased cognitive ability to think and to reason logically. Game playing requires more of children in terms of exercising impulse control, tolerating frustration, accepting the limits placed on their behaviour, and following the rigid rules of the game. Many games played by children in the upper grades involve the intellectual capacity to strategise, plan, organise, think logically, and solve problems. (Piaget 1962; Schaefer & Reid in Orton 1997:217.)

Beginning in the latter part of the preschool period and continuing into middle childhood, according to Kaplan (2000:329), children actively engage in cooperative play with one another. This involves a more or less unified group of children playing a particular game, often in which one of two children lead. Children are able to take specific parts in a game, and they have a more mature understanding of what their role is in the group. There are often distinct rules to the game. Some children act as leaders and allot roles to the others. Sometimes rebellions break out in the ranks, but children's need for one another is obvious. As children develop, the amount of their social play increases, as does their ability to sustain their attention during play, which allows for longer interactions. (Kaplan 2000:329.)

Games are important to the child's physical, cognitive, and social development and because games generally involve interaction with two or more players, they are important to the child's social development as well (Orton 1997:217). Although developmental skills underpin children's play actions, it is the individuality of style or preferences that is the most recognisable as play. Playful behaviour occurs when a child's individual approach to the inherent rewards and possibilities of an activity is internally controlled, intrinsically motivated and when the player is free to suspend reality. (Cooper 2000:265.)

As the researcher is developing a play technique for children between the ages of nine and twelve, the stage in the development of play must be identified and accommodated during the developmental process. During this period of development, children are fascinated with games,

team sports and organised groups. To be a successful member of a peer group means conforming to group norms and competing successfully at activities. Thus, as play is usually an activity performed with peers during this stage, the board game as play technique must provide for more than one player at a time and be able to accommodate a group of children playing together. As competitiveness and fair play are important to children within this developmental stage, these two aspects are accommodated within the board game by establishing ground rules for the functioning of the game.

5.4 THE ROLE OF PLAY IN HUMAN DEVELOPMENT

Play is one of the most important characteristics of social interaction during the preschool years. However, play becomes more cognitively and socially advanced as children develop. Although play is enjoyable and reinforcing for its own sake, play enhances physical, cognitive, personality, emotional and social development. (Botha *et al.* 1998:303-304.) In an effort to explain why play is necessary and what function it serves, psychologists have proposed a number of theories of play. Each theory emphasises a different aspect of play and will be discussed accordingly.

5.4.1 Bio-genetic Theories

Early play theorists emphasised the biogenetic significance of play. They described play as an instinctive mechanism that either promotes optimal physical development, or reflects the evolutionary history of the human species. Some theorists, such as Spencer, view play as a mechanism through which children discharge their surplus energy. (Hughes in Botha *et al.* 1998:303-305.) After children have played, they seem to be more relaxed.

According to the recapitulation (recapturing) theory of Hall, each person's development reflects the evolutionary progression of the human species. This can also be seen in play. For example, when children are climbing and swinging when playing, this might be reflecting a time in evolution when the human species were mostly tree dwellers. Children who are playing cops and robbers might be reflecting a situation in prehistoric times when humans had to fight with others for their food. Although the early play theories have some elements of truth, none of them has strong support among modern psychologists. (Hughes in Botha *et al.* 1998:305.)

5.4.2 Psychoanalytic Theories

Sigmund Freud was of the opinion that play provides children with an opportunity to master traumatic events, by repeating components of the disturbing event in play. The play situation gives the children the opportunity to act out their fears and to show why they are afraid. (Botha *et al.* 1998:305; Kaplan 2000:332.)

Psychoanalytic theorists, such as Peller and Menningner, used Freud's ideas regarding play as a basis for their theories. Peller (in Botha *et al.* 1998:305) is of the opinion that play is an avenue for wish fulfilment. In play, children can imitate people they love and admire, thereby fulfilling their wishes to be like them. According to Menninger (in Botha *et al.* 1998:305), children can express unacceptable wishes (for example to hit someone) without being afraid of being rejected. Through play, children can escape the constraints and sanctions of reality. Play therefore provides a safe context in which children can vent their unacceptable and aggressive impulses.

Erik Erikson (in Botha *et al.* 1998:305) stressed the mastery aspect of play. According to him, in play, uncertainties and anxieties can be acted out and these can consequently be overcome. Playing with toys creates situations in which children can explore their competence and sexuality. Play also has an ego-building function because through play, children develop physical and social skills, which could enhance their self-esteem. (Kaplan 2000:332.)

5.4.3 Cognitive Developmental Theories

Piaget's (in Botha *et al.* 1998:305) theory of play is an example of a cognitive developmental theory. He was of the opinion that play is assimilation – meaning that in play, children change the environment to fit it into their existing cognitive structures. According to Piaget play develops through various stages which are linked to the developmental stages of cognitive development:

The sensori-motor period

This period is characterised by various forms of practice games. In practice games, infants execute actions that are an end in themselves – they are executed for the pleasure of performing them. The content of these practice games depends on the child's level of cognitive development in the

sensori-motor period. An example of a practice game is an infant hitting a rattle against the cot. (Botha *et al.* 1998:306.)

The pre-operational stage

This stage is characterised by symbolic games in which imagination is involved. In symbolic games, symbols are used to represent objects or experiences. For example, the child pretends that a broomstick (the symbol) is a horse (the object the symbol stands for). (Botha *et al.* 1998:306.)

The concrete-operational period

The concrete-operational period refers to children approximately six to twelve years of age. In this period children play games-with-rules, though children as young as four could play games-with-rules. Games-with-rules are characterised by two or more children being in competition with one another, and the game being regulated by rules. These rules could have been agreed on by the children, or they could have been transmitted from generation to generation. (Piaget in Botha *et al.* 1998:306.)

5.4.4 Arousal Modulation Theories

The underlying premise of arousal modulation theories is that there is an optimal level of central nervous system arousal that an individual tries to maintain. The ideal environment should therefore provide just enough stimulation to keep the individual optimally aroused. Too many new stimuli could lead to a feeling of uncertainty. On the other hand, if there is not sufficient stimulation, the individual could be bored. Through play children generate environmental stimulation to overcome this boredom. (Botha *et al.* 1998:306.)

Ellis (in Botha *et al.* 1998:306) is of the opinion that play provides children with various forms of stimulation. The stimulation could be physical, perceptual or intellectual. In play, children create new uncertainties and produce new effects. This is why children tend to enjoy activities characterised by novelty and risk, such as playing with fire and climbing high trees. These could make children apprehensive. They will then attempt to reduce this effect. A cycle of creating uncertainty and reducing it, is established.

In light of the theories discussed, the researcher is of the opinion that each theory emphasises a different aspect of play and that combining the theories will provide a more holistic view of the purpose of play in the life of a child. However, the researcher identifies with the theory of Erik Erikson in which he stresses the mastery aspect of play. Interaction with toys create the opportunity for children to explore their competence and develop physical and social skills during this process. The researcher is able to incorporate the skill of mastering in the board game, providing children the opportunity to interact. Another theory the researcher identified with, is the Cognitive Developmental Theory of Piaget. As stated in the concrete-operational period, children enjoy games with rules. The researcher is therefore able to address the child's need within the concrete-operational period by the development of a board game with set rules.

The development of play and the function of play have been discussed. The next section introduces the various developmental play themes within the middle childhood years, in particular, years nine to twelve.

5.5 DEVELOPMENTAL PLAY THEMES: THE SCHOOL YEARS

As the researcher is developing an age-appropriate board game for nine to twelve year old learners, the developmental themes regarding play in these years are important to consider. The school years have been known as the latency age, the stage of industry versus inferiority, and the stage of concrete operations, all with a basic theme of competence. There are no major developmental tasks. However, the main concerns of children revolve around the establishment of competence in all areas of functioning. (Lovinger 1998:81.)

During this stage children learn constructive productions, carrying tasks through to completion, and the meaningful exercise of skills. The play of children during these years does not have the clarity seen in the younger child. There is much social interplay in games, with each child functioning within a role, with supporting co-players. Attachments to peers also gain in importance. Children from six to twelve are usually resistant to unstructured play activity and are seldom interested in examining dreams, fantasy life, or intimate relationships with others. They fear being thrown back to more immature feelings and undermining their newly won maturity. Attempts to discuss

problems to relieve their fear and apprehension cause embarrassment, while the need for control increases the tendency for youngsters to withhold. (Lovinger 1998:81-82.)

While the first six years of a child's life can be broken down into clearly defined stages, the years from six to twelve cannot. But there are two distinct phases of development. The years from six to nine seem to have a coherence of their own. At 9 the formal period of childhood ends. The years from nine to twelve seem to be another coherent period, a no-man's-land between childhood and adolescence. However, this does not mean that within each of these ages children are alike. The six-year old is as different from the seven-year old as the seven-year-old is from the 11-year old. (Lovinger 1998:82.) For the purpose of this study, the developmental play themes of only nine to twelve year olds will be discussed.

5.5.1 Play Themes of Pre-Adolescence

5.5.1.1 Characteristics of Pre-Adolescence

Pre-adolescence, the years from nine through twelve is a point in development that sees a divergence between boys and girls (Thorne in Lovinger 1998:85). In general, children by this age have closed themselves off to adults, viewing them as a kind of 'enemy'. It is a time when the nicest children begin to behave in the 'awfullest' manner, when the incidence of referrals to child guidance clinics are at its peak; and when children are really no longer children. (Redl & Wineman in Lovinger 1998:86.) But neither are they adolescents; rather, they exhibit the characteristics of both age groups.

Pre-adolescents are hard to live with because of their restlessness. Their hands seem to need constant occupation, they turn up the edges of books, they handle or manipulate any objects near to hand as well as their own bodies; they seem to be in perpetual motion. Infantile habits seem to crop up overnight for no apparent reason; funny gestures appear, facial tics begin, speech problems occur. In other areas these children express problems seen in younger children. On the other hand, the pressures of the developmental pushes toward adolescence result in sex becoming increasingly important. They diligently pursue the information about sexual relationships, and the juicier and more graphic the information the better. They tend to be bored and uninterested in matter-of-fact explanations. (Lovinger 1998:86.)

5.5.1.2 Pre-Adolescent Play

One type of play that adults often observe with some displeasure is rough-and-tumble play. Such behaviours as play fighting, chasing, wrestling, sneaking up on someone, carrying another child, holding and pushing can fall in this category. The amount of such play increases from early to middle childhood, peaking at about eleven years of age, after which it declines substantially (Pellegrini & Smith in Kaplan 2000:330.) It is much more common in boys than girls. Adults often discourage rough-and-tumble play because they are afraid someone will get hurt, that it will escalate into real fighting, or they believe it will teach antisocial or aggressive behaviour. The chances of someone being injured by accident are greater in rough-and-tumble play than if children are busy drawing pictures, but rough-and-tumble play should not be confused with aggression.

Rough-and-tumble play takes place when no dispute is occurring, whereas aggressive behaviour often occurs in the course of disputes, especially those involving property. In rough-and-tumble play, children take turns of playing roles, whereas in aggression this is not the case. When rough-and-tumble play ends, children do not separate or have angry feelings toward one another. The opposite pattern is found in aggressive behaviour. (Kaplan 2000:331.)

Recently, psychologists have called for greater tolerance of rough-and-tumble play. Besides providing the obvious practice of physical skills, such play, some claim, can improve social skills and competence. Rough-and-tumble play is related to boys' social problem solving, popularity and negotiation skills. (Humphreys & Smith in Kaplan 2000:331.)

5.5.1.3 Contrasts between Pre-Adolescent Boys and Girls

Contrasts between the world of boys and girls usually begin with themes of location and size. Boys more often play outdoors and their activities take up much more space than those of girls. Boys' groups also tend to be larger – they form 'flocks', 'gangs', 'teams' or 'groups of buddies', while girls organise themselves into smaller, more intimate groups and friendship pairs. (Thorne 1994:92.) Girls typically form pairs of 'best friends' linked in shifting coalitions. In gestures of intimacy that one rarely sees among boys, girls stroke or comb their friends' hair.

Boys engage in more rough-and-tumble play and physical fighting than do girls. Boys more often grab one another from behind, pin down one another's arms, push and shove, wrestle one another

to the ground, and continually press the ambiguous line between 'play' and 'real' fighting. When girls chase other girls, they push and pin from behind, but they rarely shove one another down or end up wrestling, and their physical encounters never result in physical injury. It is often asserted that boys' social relations tend to be overtly hierarchical and competitive. They repeatedly negotiate and mark rank through insults, direct commands, challenges and threats. Boys tend to make and argue about rules, and also collectively break them more often than girls do. (Thorne 1994:93.)

Girls consider themselves to be inferior to boys because they do not act like boys. Girls go through a period of wishing for the opportunities they see boys enjoying. The activity level and complex games that girls feel are open to boys but not to themselves contribute to a sense of not being happy with their femaleness. As discussed in Chapter Four, socially boys and girls give the impression they have no use for each other. This appearance is observable in the larger arena of school and playground. (Lovinger 1998:87.) However, according to Thorne (in Lovinger 1998:87) this aversion does not carry over in the more intimate areas of home and neighbourhood, especially when the same-sex peers are not available.

The fantasy life of children at this age is loaded with daydreams, which occupy a good deal of their time but which they cannot and do not communicate with others. They are easily offended and are constantly ready with accusations that the adult does not understand them and therefore they are being treated wrongly, and yet they are reckless and inconsiderate of the feelings of others. The daily life of children at this age becomes a chain of little irritations about little things; there are fights against the demands of obeying the rules, keeping appointed mealtimes, coming home, doing homework, going to bed at a prearranged hour, and keeping promises, especially with adults. With peers, however, preadolescents keep their commitments. Peers set the standards for acceptable behaviours to a greater degree than the parents. It is no wonder that adult-child relationships can be so disturbed at this period in a child's life. All the demands and regulations of living within a family are experienced as tyranny. (Lovinger 1998:87.) The different ages within the preadolescent stage will be introduced briefly.

5.5.2 Nine Year-Olds

Nine year-olds tend to be so wrapped up in themselves and their own concerns that responsiveness to others, especially parents and other adults, is unimportant. They tend to be perfectionists, and when they do not meet their own standards they feel that something is wrong with them and especially with their bodies. As a result they may express many hypochondriacal concerns. (Loving 1998:88.) As Stolorow and Lachmann (in Loving 1998:88) have suggested, when a person becomes hypochondriacal after ignoring their bodily selves, the beginning of investment in the self is initiated. Nine year-olds are at a point in development where they are beginning to be responsible for their bodies. But they are not sure they are capable of the task, so hypochondriasis is seen.

Nine year-olds with more intellectual and emotional maturity can be more critical of their productions, such as schoolwork, artistic creations, and game functioning, which is accompanied by whines and complaints of various kinds. With this supersensitivity to the various aspects of living, as well as the shift in focus of values and standards of behaviour, the nine year-old often looks very neurotic. (Loving 1998:88.)

5.5.3 Ten Year-Olds

While ten year-olds continue to be hypochondriacal, they are in better balance with themselves and the world. Magic once again becomes an important feature in their lives, but in spite of their interest in the supernatural and all the spooky television programmes, ten year-olds are more matter-of-fact than they were the previous year. They seem more at ease with themselves, and are easier to live with and deal with. However, all the standards and routines of home may go by the wayside when the peer group is in need of them and the skills they can bring to activities. (Loving 1998:89.)

5.5.4 Eleven Year-Olds

Eleven year-olds are quite verbal. Their speech productions, however, do not always have as their prime motivation communication with others. Rather their worlds have a stream-of-consciousness flavour. They talk for the sake of filling up a silence and possibly to listen to their ideas. They can be quarrelsome and argumentative, not only with their parents, but with other adults as well. While again critical of the adult world, they are also critical of themselves, to the extent that their self-

esteem falls. This quality interferes with their ability to make decisions of to make clear and specific statements. They break-up in personality structure seen at this age is reflective of not only the increasing pressure of the adolescent pushes and stress, but also of increasing intellectual development. The children are moving toward the final phase of the intellectual development as described by Piaget, the stage of formal operations. (Lovinger 1998:89.)

During these preadolescent years the healthy child is frequently described as being 'too big for her britches'. The child devotes abundant energy to self-improvement and to conquest of people and things. The drive to succeed includes an awareness of the threat of failure, and this underlying fear impels the child to work harder to succeed. Children are very competitive at this age. Any halfway measure, any mediocrity will lead the child to a sense of inferiority – a feeling that must be combated in order to move on toward adulthood with self-assurance. The play themes of the preadolescent years therefore includes the conquest of people and objects being conquered by them; and interpersonal competition – with the consequence of being considered a winner or a loser. (Lovinger 1998:90.)

The period of pre-adolescence, according to the researcher, is a period of increasing harmony between the child and the world. The child seems to be more in balance with themselves and the world as in the earlier stages of the middle childhood years. A factor within this developmental stage is that the peer group plays a vital role for the individual. As everything becomes a competition for the child of this age, the researcher aims to address this need by developing an educational and preventative measure with a competitive element included.

5.6 CULTURE AND PLAY

The Southern African region embraces a variety of cultural communities. These may be defined, and define themselves, in a number of frequently overlapping ways. They include religious, class, ethnic (and for some, racial) identities, among others. While a number of common beliefs and practices bridge these divides, a range of different perspectives on childhood beliefs and practices toward children is likely. (Dawes & Donald 2000:17.)

The following section introduces the role and status of play within different cultures, not only South African-based cultures, as a sensitivity towards cultures increase programme effectiveness. As the researcher aims to develop a board game to be compatible for three different ethnic groups within South Africa, the various cultural scripts and practices need to be taken into account. This section is divided into a brief introduction on the African perspective, the role of culture in play and will be concluded with additional factors influencing play.

5.6.1 An African Perspective

Just as there are different views and theories within the Western perspective, there are different views within a traditional African perspective. The term 'African' which will be used during this discussion, refers to the polymorphous grouping of the indigenous peoples in the sub-Saharan region of Africa, hereby including South Africans. The researcher aims to highlight a few important aspects within the African culture – hereby not referring specifically to any of the three ethnic groups accommodated in the study. It serves an informative purpose and no final conclusions about the functioning of Africans will be made by the researcher.

Africans are currently in a phase of transition during which a shift is taking place from a traditional to a more modern, Western-oriented way of life. This process of change and acculturation that is taking place does not necessarily imply a development from lower to a higher level, or that a modern way of life is, by definition, more progressive and qualitatively better than a traditional way of life. However, most Africans find themselves somewhere along the continuum between these two ways of life. Within the African perspective there are a vast variety of geographical diversity, human diversity of different population groups, linguistic diversity and religious diversity. Despite these underlying differences, it is possible to talk of an over-arching African perspective that can be distinguished from a Western and Eastern perspective. (Meyer, Moore & Viljoen 1997:615.)

The African perspective are briefly discussed under the following headings:

The view of humankind

The African view of humankind and worldview are founded on a holistic anthropocentric ontology, whereby humans form an invisible whole with the cosmos (and therefore an unity with God and

nature), and whereby humans are the point of departure and the centre of the universe, from which everything is understood and explained. Within this invisible cosmic whole three cosmic orders can be distinguished, namely the macro, meso and micro-cosmos. These do, however, blend together in practical, everyday life. (Sow in Meyer, Moore & Viljoen 1997:617.)

The macro-cosmos is the domain in which God is encountered, together with the ancestors and the spirits of the specific, chosen people who have died. This is also the order in which the religious existence that enfolds the full humanness of traditional Africans is grounded. The meso-cosmos is a kind of no-man's land, where coincidence and the forces of malignant spirits and sorcerers hold sway. This meso-cosmos is especially important for understanding the behaviour of Africans since they are inclined to explain all conflict, as well as events such as death and sickness, with reference to this level. This is the domain of malignant spirits, sorcerers and Shamans (healers, priests and rainmakers) who influence and determine human behaviour. (Sow in Meyer, Moore & Viljoen 1997:617 - 618.)

The micro-cosmos is the domain of the individual person in her everyday collective existence, which is wholly influenced by the macro-cosmos and the meso-cosmos. This is also where the difference in ethos and values between the Westerner and the African creates important differences in behavioural modalities, particularly in respect of the relationships between individual and community. (Meyer, Moore & Viljoen 1997:618.)

The European ethos rests on the principle of individual survival, which based on the survival of the fittest. The traditional African ethos rests on the principle of the survival of the community (tribe) and union with nature. In correspondence with these values, the psychological modalities of behaviour of 'individuality', 'uniqueness' and 'differences' are replaced with modalities such as 'communality', 'group orientation' and 'agreement'. Applying African principles and values to a construct like the self-concept, would mean defining this as an 'us' rather than as an 'I'. (Meyer, Moore & Viljoen 1997:620.)

Cognitive functioning

In contrast with Westerners, Africans, in their cognitive functioning, rely more on intuition and emotion than on pure rationality. There is a clear distinction, according to Senghor (in Meyer, Moore & Viljoen 1997:622), between the cognitive functioning of the African and the Westerner, which does not imply that the one is better than the other, or that the one provides greater access to knowledge than the other. The rational functioning of Africans is closely interwoven with their collective way of life.

The concept of time

In the traditional African conception, time is a two-dimensional phenomenon with a long history, a present, and virtually no future. The linear Western conception of an infinite past, a present, and an infinite future is foreign to the traditional view. The future has no meaning because it has not yet been lived. The present and past derive meaning from people's unique experiences, or from the things already lived and experienced by the previous generations. Events that have not taken place are outside of time and are classified as 'no-time'. Time is thus not a mathematical construct but is instead associated with the natural rhythm of the universe. (Meyer, Moore & Viljoen 1997:623.)

5.6.2 The Role of Culture

Since the beginning of discipline, anthropologists have studied play, some intensively and some superficially. Mainly play has been of interest to the anthropologists because play is part of the way of life of a people. As people moved across space, through time, they carried their culture with them, taking their games and teaching them to others they met. Thus an analyst of the spread of games, including children's games, could reveal cultural contact and hence the spread of cultural tradition. (Anderson 1997:52.)

Other anthropologists focus on play as a process common to all cultures, whereby enculturation occurred. Enculturation is a process by which children learn about their culture and how they are supposed to act, cultivating the abilities and habits appropriate in their society. Through enculturation, cultural traditions pass from one generation to another, ensuring the continuation of a way of life. (Anderson 1997:52.)

All play is cultural. According to Huizinga (in Anderson 1997:51) all play has meaning and all life contains some elements of play because life involves social interaction and role playing – basic components of the voluntary activity called play. Botha *et al* (1998:307) adds that children's play reflects the general characteristics of the culture in which they are brought up. Many of the games in cultures of limited technological sophistication require the use of physical skill. For example, the games of hunting societies include competitive tracking, and spear-throwing contests. These games rely on the same physical skills that are required in work in those societies. However, during play, the skills are demonstrated in an atmosphere of enjoyment and relaxation. In technically advanced cultures, children are exposed to sophisticated equipment such as computers and videos. Children in these cultures therefore develop different kinds of skills in comparison with children growing up in cultures of limited technical sophistication.

Culture provides an envelope for all contexts within which development occurs. In this sense, all developmental settings in which other persons play a mediating role are infused with elements of the participants' culture. In addition, young people grow up in areas where subcultures operate (for example gangs). Cultures structure the settings within which the child's activities take place, they determine how children's needs are seen, they suggest what is or is not acceptable behaviour at different ages and for different genders. Cultures also indicate signs of children's well-being and distress. (Dawes & Donald 2000:20.)

In Pygmy society, children learn from older societal members the knowledge and skills to become fully participating members of that society. The learning occurs primarily from elders to the young, the young copying in their play the activities of adults. (Anderson 1997:53.) Play as imitation of adult life commonly occurs in less complex societies. The Siriono of Eastern Bolivia were studied in time when they were living a marginal existence in the swamps and forest of Eastern Bolivia. They had almost no material possessions, carrying only simple tools, a bow and arrows, bamboo knives, a digging stick, spindles for the women to spin cotton thread. No clothing was made or worn. In Soriono society children's play also mimicked the activities of adults. Young boys played with small bows and arrows, at first shooting non-living objects, later insects and small birds or game. Girls played at household tasks. Boys spent time climbing trees, chasing one another, wrestling. Girls played house or assisted their mothers in daily household tasks. These were the preparatory

practice activities, the method in which young children began to acquire knowledge, skills, and interactional patterns that prepared them for adulthood. (Anderson 1997:53.)

According to Schwartzman and Barbera (in Anderson 1997:53), who conducted an extensive review of ethnographic literature of Africa and South America, the most anthropological recordings of play could be categorised as one of four basic perspectives:

- Play as imitation of or preparation for adult life.
- Play as a game or a sport activity.
- Play as a projection or expressive activity.
- Play as unimportant or as miscellaneous pastime.

Play as imitation of life or preparation for adult life portrays children as imitators of adult activity, the perspective reflected in the analysis of Pygmy and Siriono children's play. This view holds that children learn the future roles of the adult society from the elders of the culture. These elders hold the knowledge and skills that perpetuate culture for generations. Learning cultural traditions from elders in a society is a human phenomenon and occurs among all peoples. What foods to eat on Thanksgiving, how to dye and hide Easter eggs, are learned by watching our elders by receiving specific instruction in these activities. Elders in society usually teach these activities to the young. Sometimes older children participate in the teaching process, sharing their knowledge with younger siblings or playmates. (Anderson 1997:54.)

Acculturation is that process whereby individuals are brought into a culture, a phenomenon within the life experience of many immigrant groups, as they assume more and more of the traditions, values and mores of their new host culture. Acculturation often follows a difficult and lengthy road to mainstream culture, as the subtleties of tradition are often informally learned over time. Such was the case with Vietnamese refugee children's play in two different school situations in the United States of America. These Vietnamese children played rule-governed games almost exclusively and did not participate in the free-flowing, spontaneous playground activity. The author

concluded that their limited knowledge of more subtle rules of play in the United States made the freedom of spontaneous play somewhat frightening. (Robinson in Anderson 1997:55.)

The structure of formal games, the rules themselves, provides firm guidelines for participation in a somewhat foreign culture. Spontaneous play requires greater knowledge of the nuances of the interaction and informal cultural rules for behaviour. These children did not possess the cultural fine-tuning required to enter into the spontaneous play area. Vietnamese girls were at a greater disadvantage than the boys in this situation because rule-governed games were of the competitive variety, those more closely identified with boys, while girls played spontaneous, informal-rule games. The suggestion can be made that an impact of this variation in socialization might well be the better acculturation of boys because they are learning more American social rules than the Vietnamese girls. (Anderson 1997:56.)

Play exists in the context of culture and reflects cultural orientation, world view, values, and expressive behaviours. A dramatic feature of play is its temporal quality, both in the conduct of the play and in the appropriateness of play for different decades or historical times. Rather dramatic changes in play occurred in American culture throughout the 20th century: changes that reflect alterations in social structure, housing patterns, technological advances, and changing attitudes and values during the previous nine decades. (Anderson 1997:57.)

At the turn of the 20th century, when 80% of Americans lived on family farms, play activities were more simple. Girls played with dolls or jacks, jumped rope, or played hide-and-seek. Boys played more formal competitive games of baseball and marbles or the traditional war games, such as cowboys and Indians. Play occurred with a minimum of equipment or toys and essentially without pre-packaged games. One of the greatest changes in play today in urban areas is the move away from playing outside. Whereas most children in the past century played freely out of doors, many of today's urban children, for reasons of safety, increasingly play indoors. Parks, which used to be available for urban play, oftentimes are 'off limits' to children and certainly 'off limits' for unsupervised play. (Anderson 1997:58.)

5.6.3 Additional factors influencing play

There are other factors influencing play, in combination with culture, as well. A few of these factors are discussed accordingly.

- *Advancing Technology*

Play represents an activity that may define and clearly illustrate the proverbial generation gap in cultures with rapidly advancing technology. Checkers and card games have been popular for many years, but there has been shift to high-tech or electronic play. While some games remain constant over time, technological advances and the more complex nature of our society have brought new games and toys to the world of children. Knowledge of play activities varies from decade to decade and sometimes, in complex societies, year to year or month to month. (Anderson 1997:58.) Fewer children today know how to play marbles or stick ball. However, children today know Dragonballzee, Pokemon, Power Rangers, and of course, the ever-popular Barbie and Ken.

- *The Role of the Caretaker*

A child's play will be influenced by the play opportunities the caretakers provide. Compare the child who goes to pre-primary school with a child growing up on a farm in a rural area. Their play settings and play materials differ vastly. This could result in different play behaviour. For example, without toys, children tend to engage in a great deal of rough-and-tumble play. (Curtis in Botha *et al.* 1998:307.)

- *Socio-Economic Status*

Another factor influencing play, is socio-economic status. Socio-economic factors, according to Botha *et al.* (1998:307), such as family income and living conditions have an influence on children's play. Many South African children come from deprived homes and communities and consequently the parents do not have the means to provide their pre-schoolers with educational toys and sent them to pre-primary school where they can learn through play. This is a possible reason why many children from disadvantaged or lower socio-economic areas tend to lag behind in the developmental skills necessary for school readiness. Furthermore, most of these households within lower socio-economic areas tend to be overcrowded. In urban areas, the situation is aggravated by the increasing rate of urbanisation, population explosion and a critical shortage of houses. Masitsa

(in Botha *et al.* 1998:307) stated that under such circumstances children will neither remain in their home nor play comfortably in their yards. The only alternative is to play in the streets because of the shortage of recreational facilities in many areas. This could influence the play activities of children.

Within those cultures where children's labour is needed to support the family economy, play is unlikely to have any value, detracting as it does from the need to work for survival. This is particularly likely to be the case for Asian families and, as cultural values remain even when people find themselves within a different host community, it is to be expected that Indian, Pakistani, Chinese and other ethnic groups will attach only a non-work ethic to considerations of play. (Moyles 1989:160.)

The role of culture has been discussed in an attempt to shed light on the different play themes emerging within different ethnic groups. The researcher realised the essence of studying cultural practices as it gives insight into the way behaviour towards children is embedded in local beliefs about what is good and what is bad for them. Including culture within a developmental perspective allows the researcher to describe it in a more holistic and dynamic manner. It is necessary to realise that 'the way things are ordinarily done' in a particular community is quite deeply embedded.

The next section discusses the impact of child abuse on play.

5.7 THE IMPACT OF CHILD ABUSE ON CHILDREN'S PLAY

The importance of play for children is widely recognised. As a developmental and mastery process, play is considered instrumental in children's socialization, creativity, language development, problem-solving abilities and sensorimotor skills. (Rubin *et al.* in Cooper 2000:259.)

Central to an understanding of children's play is the Western cultural expectation of childhood being a period of innocence and special rights. It is assumed that a child will be protected, nurtured and kept safe by her parents or caregivers. When a child feels safe at home and in the community, she is able to play and learn and develop into a competent individual. Child abuse challenges these expectations about childhood and assumptions about normal childhood development.

Unfortunately, when a child is exposed to a chronically abusive or neglectful care environment, her opportunities for play development and play experiences are more than likely to be disrupted. Consequently, the effects of child abuse may manifest in a child's developmental, cognitive and social organisation of play behaviour. (Cooper 2000:260.)

5.7.1 The Abusive Care Environment

Growing up in a violent or neglectful care environment is likely to limit a child's development of competent social skills, self-confidence and experience of positive interactions. Abused children may have a 'world view' in which a sense of potential threat is constantly present. Feeling safe is the most basic prerequisite for a child to play. If a child does not feel safe, she will not play. This anxiety invariably extends to any new social situation and can be a major block to the child developing trust or feeling safe in pre-school or therapy settings. (Cooper 2000:267.)

Researchers have also reported more insecure attachments among abused and neglected children (Mash *et al.* in Cooper 2000:269). Insensitive parenting produces an insecure attachment in a child, which can lead to the child developing a negative set of expectations about future social interactions and an internalised view of themselves as unable to elicit a caregiver's attention. Insecure early attachments, resulting from the experience of inconsistent or abusive parental responses, are likely to impact on how the child explores and responds to the human and non-human factors in any play environment. Many parents who were themselves abused as children, consequently have inadequate play skills and poor internal loci of control. (Morton & Browne 1998: 1093 – 1104.)

Given the strong association between socio-economic disadvantage and child abuse, it is also likely that the abused or neglected child's physical play environment, access to play objects and mainstream play or learning opportunities may be severely restricted by poverty (Garbarino *et al.* in Cooper 2000:269).

5.7.2 The Impact of Child Abuse on Cognitive Play Skills

Observations of physically abused pre-school children characterise them as less able to make full use of play materials or to initiate and organise a planned play activity. Mann and McDermott (in

Cooper 2000:269) hypothesised that because some neglected and abused children may never have learned how to play, they are more likely to engage in repetitive, exploratory or stereotyped play, fixated at a younger level of development.

A study conducted by Alessandri (in Cooper 2000:269) found that, when compared with their non-abused peers, abused pre-school children played less, and engaged in more sensorimotor activity (physical movements with or without objects) than symbolic play. Their use of play materials was functional, with much repetitive touching and pounding of toys. The lack of an adequate repertoire of play skills prevents the abused child from fully exploring new toys or potential play experiences, resulting in reduced expectations about her play competence and ability to influence the environment.

5.7.3 The Impact of Child Abuse on Physical Play Skills

In a pre-school based study, physically abused and neglected children's play was found to be more disruptive, aggressive and anti-social than that of sexually abused children, whose behaviour was more passive and withdrawn. When compared with a non-abused control group, both groups in this study exhibited fewer positive play interactions. It is likely that increased aggressive or disruptive play behaviour and a lack of empathy for peers will further isolate and prevent the abused child from learning appropriate social skills. (Cooper 2000:270.)

As abused children may not be able to initiate play or control their impulses, they may engage in more repetitive, regressive non-play behaviour. Young children tend to internalise the experience of abuse and may blame themselves for causing the abuse. This disturbed sense of self may manifest in destructive behaviour such as deliberately destroying toys or disrupting other children's games. Disruptive play behaviour is a symptom of the child's emotional disturbance and may reflect the only way that a child knows how to control the play situation. (Cooper 2000:270.)

The normal child is in control of the situation and is able to alter or terminate play without difficulty, whereas the disturbed child may become so involved that reality and fantasy merge and play seems almost out of control, on the verge of disintegration (Harper 1988:37). Post-traumatic stress reactions are also frequently seen in children who have experienced a traumatic incident or

abusive act. Traumatized children may repeatedly re-enact a traumatic event in their play with such intensity that the play behaviour becomes more anxiety provoking for them. (Cooper 2000:270.)

Using a sand tray, Harper (1991:89 - 98) compared the symbolic play themes of physically, sexually and physically / sexually abused children aged 3 to 9 years with non-abused control children. Her findings indicate that physically abused children are more likely to show aggressive themes of conflict and chaos in their sand-tray play, and obsessive themes of sexuality and protection dominated sexually abused children's play.

5.7.4 The Impact of Child Abuse on Social Play Skills

Sexually abused children's play often does not show obvious developmental delay. Sexually abused pre-schoolers preferred to play quietly by themselves and were unlikely to be seen as deviant by adult observers. The way in which sexually abused children's play differs from that of children experiencing other forms of maltreatment, is the frequently observed existence of sexualised play behaviour. (Mian *et al.* in Cooper 2000:271.) Clinicians, observing sexually abused children playing, often report the sudden intrusion of explicit sexual themes, bizarre behaviours and masturbatory play. It is this voyeuristic quality and the transference of anxiety through play which can make the adult observer uncomfortable. (Harper 1988; 1991.)

Considerable research attention has also been devoted to sexually abused children's doll play with anatomically correct dolls. Although the use of anatomically correct dolls is based on the premise that children's play is the equivalent of their verbalizations, the function of these dolls remains highly specific to the sexual abuse interview. (Kendall-Tackett in Cooper 2000:271.)

This discussion emphasises the significant impact of sexual abuse on the various functioning levels of the child, in particular, play. Play is associated with intensity and trauma by an abused child, which is contradicting the joyous, fun activity it's supposed to be. Sexual abuse takes away one of the most meaningful social aspects of childhood.

5.8 THEORETICAL PERSPECTIVES ON PLAY THERAPY

A thorough understanding of the varying theoretical approaches to Play Therapy is necessary to construct full awareness of the process. The researcher is operating from a Gestalt perspective but as she identifies with various concepts from the different theoretical approaches to Play Therapy, these approaches are discussed whereafter an integrated introduction to the researcher's theoretical perspective will follow. Accordingly an introduction of the various perspectives will be discussed.

5.8.1 Adlerian Play Therapy

Adlerian therapy is an approach to working with troubled children that is based on the integration of the concepts and strategies of the Individual Psychology of Alfred Adler with the methods of Play Therapy (Kottman 1994:3).

According to the tenets of Adlerian psychology, when individuals are born, they have a predisposition to develop social interest: a sense of connectedness to other people. As an individual grows and matures, she begins to form a life-style based on the individual's subjective interpretation of how she can belong and gain significance in relationships with other people. (Kottman 1994:3.) An individual's life-style is a compilation of her subjective convictions about self, others, and the world and her cognitions, actions, and emotions based on those convictions. As the life-style develops, the individual retains the capacity to examine her life and to make choices about thoughts, feelings, and behaviours. Although they are motivated through their awareness, individual's behaviour is always purposive and self-consistent – every action moving them closer to a goal. Because there is usually a discrepancy between how individuals view themselves and how they view what they should be, they are constantly striving to overcome feelings of inferiority and inadequacy. These feelings of inferiority frequently combine with mistaken beliefs in individuals' life-styles to cause discouragement and maladjustment. (Kottman 1994:3.)

In attempting to conceptualise client's life-styles and to help them to improve their understanding of themselves and make changes in their lives, Adlerian therapists must always consider the social context in which clients live. In this process of understanding, Adlerian therapists take a holistic view of clients' lives. (Kottman 1994:3.)

A counsellor using Adlerian Play Therapy begins by assuming that the children who have been referred are discouraged children. Discouraged children have negative convictions about themselves and the world. Their self-defeating goals, behaviours, and attitudes reflect those negative convictions. The goal of Adlerian Play Therapy is the reduction of this discouragement. Therefore, the counsellor chooses play techniques to provide encouragement. (Henderson 2000:375.)

This type of Play Therapy has four phases. The first phase involves establishing a democratic, empathic relationship. The counsellor then explores the child's lifestyle, highlighting the child's beliefs, attitudes, goals, emotions, and motives. The counsellor's goal in the third phase is to interpret the lifestyle, faulty convictions, and self-defeating goals and behaviours. During the final phase the counsellor's objective is to help the child use the insight, converting it into action such as behavioural and attitudinal changes. (Henderson 2000:375 - 376.)

Strategies to be used during the four phases of Adlerian Play Therapy are discussed by Kottman & Johnson (in Henderson 2000:376). The counsellor can use several approaches when establishing a relationship with a child. The counsellor may choose to track the behaviour of the child by giving a running account of what is being done and said. The counsellor may also restate the content and reflect feelings so that the child knows that emotions, behaviours, and attempts to communicate are important to the counsellor. The counsellor also encourages the child by conveying respect for the child's strengths, faith in the child's abilities, and recognition of the child's attempts and improvement.

During the first phase of Adlerian Play Therapy the counsellor sets limits to protect the child and others, to prevent toys or other things being damaged, and to deter destructive behaviour. In the second phase, the counsellor explores the lifestyle of the child, examining the goals of the child's behaviour. Considerations of the family atmosphere, family constellation, and the early recollections of the child are also important in this phase. Based on this information, the counsellor begins to form a hypothesis about the child's beliefs and shares this understanding with the child. The third phase includes a deepening insight into the child's lifestyle. The counsellor shares

hypotheses and interpretations with the child and may use therapeutic metaphors. During the fourth phase – reorientation and re-education – the counsellor helps the child develop alternative behaviours that are practiced and encouraged. The counsellor also consults with the adults in the child's life. (Kottman & Johnson in Henderson 2000:376.)

Adlerian Play Therapy, according to Kottman (1994:25), is thus a four stage process that combines the concepts and attitudes of Individual Psychology with the strategies and techniques of Play Therapy. This method of working with troubled children and their families can be highly effective in helping clients learn more about themselves and their relationships with others. It can also be helpful in teaching clients new ways of viewing themselves, others, and the world and in teaching them the skills that they need to act upon these altered perceptions and attitudes.

The researcher identifies with Adlerian Play Therapy in various ways. Always considering the social context in which clients live is, according to the researcher, a vital characteristic for effective interventions – whether therapeutic or preventative. This ensures a more holistic approach. The researcher views Adlerian Play Therapy as a modality focused on the positive aspects of a client as this modality aims to provide encouragement with the techniques used. These two aspects of Adlerian Therapy are incorporated within the theoretical perspective of the researcher.

5.8.2 Child-Centered Play Therapy

Axline, the creator of non-directive or client-centered Play Therapy, makes the major distinction between non-directive and other Play Therapy methods. She explains that Play Therapy may be directive in form – that is, the therapist may assume responsibility for guidance and interpretation, or it may be non-directive; the therapist may leave responsibility and direction to the child. (Axline 1947:9.)

Axline translated the non-directive counselling approach of Carl Rogers to work with children. This model is based on beliefs in the child's innate desire for growth and capacity for self-direction. In child-centered Play Therapy the child leads. The counsellor focuses on the child's strengths, reflects the child's feelings, and recognises the power of a warm, accepting and empathic relationship. (Henderson 2000:376-377.)

The central tenet of Rogerian psychotherapy is that individuals have within themselves a basic drive towards health and better functioning, and that they possess the ability to solve their problems satisfactorily if offered the opportunity and the right climate in which to do so. The essential characteristics of non-directive counselling are that the therapist is responsive to what the client is saying, and reflects back to the client her understanding of what the client is experiencing. Through this process of accurate reflection the client is helped to greater recognition of feelings, and the beginnings of mastery over them. (Wilson, Kendrick & Ryan 1992:20). Axline (1947:16) describes the process as an opportunity that is offered to the child to experience growth under the most favourable conditions, that is, by playing out feelings as she brings them to the surface, faces them, learns to control them, or abandons them. The child begins to realise the power within herself to be an individual in her own right, to think for herself, to make her own decisions and to become psychologically more mature.

Axline, in developing non-directive Play Therapy, incorporates these Rogerian principles into eight guidelines for practice. Axline also makes the point that the process of non-directive therapy is so interwoven that each principle overlaps and is interdependent on the others. (Axline in Wilson, Kendrick & Ryan 1992:20):

- The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
- The therapist accepts the child exactly as he or she is.
- The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely.
- The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back in such a manner that the child gains insight into her behaviour.
- The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make choices and institute change is the child's.

- The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way, the therapist follows.
- The therapist does not attempt to hurry the therapy along. It is a gradual process, recognised as such by the therapist.
- The therapist establishes only those limitations necessary to anchor the therapy into the world of reality and to make the child aware of her responsibility in the relationship.

Relationship Play Therapy can be described as the creation of play dramas. Within the relationship the counsellor demonstrates acceptance, receptiveness, and openness along with the skills of listening and hearing, teaching and learning, directing and receiving, participating actively and quietly observing, confronting and letting be (Moustakas 1998:2.) The realization of selfhood, according to Guerney (1983:21), via one's own map is the goal of non-directive Play Therapy. It is assumed that selfhood will not reveal a narcissistic self-indulgent being, but rather a fully socialised one with qualities generally regarded as those of a positively socialised individual.

Although the researcher is not working from a non-directive approach, Child-Centered Play Therapy is based on beliefs she strongly associate with. This model is based on beliefs that a child has an innate desire for growth and a capacity for self-direction. The researcher experiences this model as empowering to children as the therapist working from this modality believes that every child has the ability to solve her problems satisfactorily if offered the right opportunity and climate. The researcher believes that the Rogerian principles of warmth, empathy and acceptance should be incorporated within every intervention implemented – whether therapeutic or preventative. These aspects of Child-Centered Play Therapy are incorporated within the theoretical perspective of the researcher.

5.8.3 Cognitive-Behavioural Play Therapy

Cognitive-behavioural Play Therapy (CBPT) is an adaptation of cognitive and behavioural therapies. Knell (in Henderson 2000:378) explained that CBPT provides structured, goal-directed

activities while allowing the child to engage in an unstructured, spontaneous way. The therapy is brief, directive, and problem-oriented while the therapeutic relationship is educational and collaborative. The positive relationship is based on rapport and trust, with play activities being the means of communication.

CBPT incorporates cognitive and behavioural interventions within a Play Therapy paradigm. Although behavioural and cognitive interventions are a critical component, CBPT is more than the use of specific techniques. CBPT provides a theoretical framework that is based on cognitive-behavioural principles and integrates those principles in a developmentally sensitive way. (Knell 1994:113.)

Play techniques as well as verbal and non-verbal communication are used to help children change their behaviour and participate in the therapy. The active intervention involves the child and the counsellor working together to establish goals. Both choose play materials and activities. New skills are taught to the child. The counsellor uses praise and interpretation to help the child learn new behaviours and increase understanding. The counsellor focuses on the child's thoughts, feelings, fantasies, and environment. The counsellor also provides strategies for developing more adaptive thoughts and behaviours. The behavioural techniques used by the counsellor may include systematic desensitisation, contingency management, self-monitoring, and activity scheduling. Cognitive techniques include recording thoughts, cognitive change strategies, coping self-statements, and bibliotherapy. In order to accomplish the educative process, counsellors use techniques such as modelling, role-playing and using behavioural contingencies. (Knell in Henderson 2000:378.)

The counsellor emphasises the issues of control, mastery, and responsibility for one's own behaviour. Knell (in Henderson 2000:378) believed that combining cognitive and behavioural interventions increased the potency of the intervention. The change proceeds first in calming the child through the counsellor's empathy and acceptance. Relaxation techniques and verbal approval are also appropriate. In the second stage children are given opportunities to experience and test the thoughts that are associated with their emotions. Next the children examine those distortions and learn to discern between rational and irrational ideas, in order to shift their perceptions. The

counsellor uses modelling tailored to the needs of the children to demonstrate adaptive coping skills. Cognitive change and adaptive behaviours are communicated indirectly.

Ten principles of cognitive therapy were delineated by Beck and Emery (in Knell 1994:113), who contented that the strategies and techniques used in cognitive therapy with adults are based on principles of psychotherapy. In order to create a more developmentally appropriate cognitive-behavioural intervention for children, the ten principles must be reconsidered and then labelled as those that do apply to young children, those that apply with modification, and those that do not apply (Knell 1994:113 – 117):

Principles That Do Apply To Children

- Principle 1: Cognitive Therapy is based on the cognitive model of emotional disorders;
- Principle 2: Cognitive Therapy is brief and time-limited;
- Principle 3: A sound therapeutic relationship is a necessary condition for effective cognitive therapy;
- Principle 6: Cognitive Therapy is structured and directive;
- Principle 7: Cognitive Therapy is problem-oriented;
- Principle 8: Cognitive Therapy is based on an educational model.

Principles That Apply To Children, With Modification

- Principle 4: Therapy is a collaborative effort between therapist and client;
- Principle 9: The theory and techniques of cognitive therapy rely on the inductive method;
- Principle 5: Cognitive Therapy uses primarily the Socratic Method.

A Principle That Does Not Apply to Children

- Principle 10: Homework is a central feature of cognitive therapy.

In summary, cognitive methods in therapy help individuals make changes in their cognitions. Young children can be taught to modify thoughts, beliefs, and assumptions. However, they will need help in considering alternative explanations and approaches. Cognitive techniques can be incorporated into play in order to help the child gain mastery over life events. Coping self-statements are also effective and can be modelled for the child by the therapist, parent or others. Finally, the use of bibliotherapy is ideal with young children who often enjoy having stories read to them. (Knell 1994: 130.)

The researcher identifies with the educational-based side of CBPT. Within CBPT the counsellor provides strategies for developing more adaptive thoughts and behaviours in a structured manner. Issues emphasised within this context are control, mastery and responsibility for one's own behaviour. The primary aim of CBPT is to help the child gain mastery over life events. As the researcher is developing a board game with a preventative and educational focus, she associates with CBPT as it is based on an educational model. CBPT is also structured and focused, and within this framework, the researcher's main aim – to assist the child in gaining competence and mastering – is addressed.

5.8.4 Ecosystemic Play Therapy

Ecosystemic Play Therapy is a hybrid model that derives from an integration of biological science concepts, multiple models of child psychotherapy, and development theory. Unlike most theories of Play Therapy, Ecosystemic Play Therapy does not focus solely on the functioning of the child client, but rather on optimizing the functioning of that child in the context of her ecosystem, or world. (O'Connor 1994:61.) Ecosystemic Play Therapy Theory is developed from a phenomenological philosophical perspective, as opposed to the more traditional nature science perspective. Within the phenomenological perspective, absolute truth does not exist; rather, our understanding of events is always the result of the interaction between our internal processes and our experiences in the world. (O'Connor & Ammen 1997:2.)

As a result of the focus on how the child functions in her ecosystemic context, Ecosystemic Play Therapy qualifies as a systemic theory. How the child's ecosystem is addressed in the therapy varies. This may mean any of the following: the content of individual Play Therapy interventions specifically addresses the child's functioning in relationships in her ecosystem; the therapist is involved in consultation and advocacy roles with different systems in addition to the Play Therapy component of treatment; the Play Therapy interventions themselves include other people from the child's ecosystem, such as parents, siblings, or educators; or most likely, the treatment involves some combination of individual, dyadic, family, consultation, and advocacy roles with the other systems. (O'Connor & Ammen 1997:4.)

One key element of the theory, therefore, is the ecosystemic worldview, the perspective that community and environment form nested systems in which an individual exists. The basic unit of the model, however, is the individual rather than the system. The counsellor considers all the systems when conceptualising the child's problem and the treatment plan. The goal of the intervention is to help children have their needs met without interfering with the ability of other people to get their needs met. The strategies that are used are aimed at altering the problem, the child's view of the problem, and the child's response to the problem. It is also possible to work on complementary levels of experience / behaviour and cognitive / emotional to help the child. As the child becomes reflective about her behaviour in the relationship systems, she may choose alternative ways of behaving. Symbolic play facilitates this reflective process. (Henderson 2000:379.)

The counsellor assists the process by providing interventions that allow children to:

- Recognise their own needs;
- Identify potential resources for meeting those needs;
- Develop strategies for activating the resources;
- Tolerate frustration; and

- Value and accept gratification when successful (Henderson 2000:379).

Children must learn to recognise the needs of others and to balance those needs against their own. Children will progress through six steps of this therapy. The first is an introduction and exploration in which the relationship is established. During the next stage, tentative acceptance, children have accepted the process and seem to be co-operative but are anxious. Once the children begin to resist the therapy the next stage, negative reaction, has begun. The reactions may be overt or may be very mild and difficult to detect. After at least one difficult session, children move into the fourth phase – growing and trusting. In this phase active problem solving is initiated. The final phase is termination, which includes a review of the therapy, the problems faced and the strategies used. (Henderson 2000:379.)

The systemic approach of the Ecosystemic Play Therapy approach is positive. The researcher is convinced that working on only an individual and thereby not including the rest of the system, is counterproductive. The context of a child is vital. The researcher incorporates a systemic point of view within her theoretical perspective.

5.8.5 Eriksonian Play Therapy

Marvasti (in Henderson 2000:379) describes Eriksonian Play Therapy as a therapy that relies on the child's strengths rather than weaknesses. The child's potential is utilised and the current symptoms are transformed into solutions.

The therapy uses trance without the child's awareness. The counsellor communicates through metaphor and storytelling, not interpreting play and not necessarily searching for insight. The counsellor uses a doll or puppet to play the role of an older, wiser self, telling a therapeutic story that includes suggestions, metaphors and happy endings. (Henderson 2000:380.)

The type of Play Therapy is modified for each child and relies on the flexibility and creativity of the counsellor for success. Diagnosis is used to determine the child's potential, resources, assets, interpersonal issues and favourite hero. The solution-oriented aspect of this therapy requires well-defined goals with a present and future focus. The recognition that change is constant and

inevitable, often a ripple effect, is a crucial principle. The counsellor searches for exceptions, times when the problem was not present. The counsellor uses the miracle question as well as reframing and positive connotations to the problem situation in the Eriksonian approach to Play Therapy. (Henderson 2000:380.)

The researcher associates with Eriksonian Play Therapy's point of view that relies on the child's strengths rather than weaknesses. The counsellor within this paradigm communicates through metaphor and storytelling, and refrains from interpretation. The researcher identifies with these aspects as she views clarification as important when working with clients. According to the researcher the therapist rarely has the privilege of interpretation.

5.8.6 Psychoanalytic Play Therapy

Anna Freud adapted psychoanalysis for the treatment of children by incorporating play activities into therapy. She used toys and games to put the child at ease, create an alliance with the child, and discover clues about the child's inner life. The therapist engages with the child, entering the fantasy or dramatization or free play by going along with the child's make-believe. Thus, Anna Freud used play to enhance the relationship and as a diagnostic tool. (Freud in Henderson 2000:381.)

Melanie Klein also recognised the value of play in understanding the child's wishes, fears, and fantasies. She saw children's play as significant symbolic communication and interpreted the meaning of play in sessions with children. Klein used to accomplish with children the effect of free association used with adults. (Esman 1983:11.)

Play is the first process, according to Frankel (in Henderson 2000:382), who examined processes essential in psychoanalytic Play Therapy. The interrelated aspects of play include the emergence and integration of the dissociated self-states, symbols, and recognition. The second process proposed is renegotiation of relationships with self and others. The goals of psychoanalytic Play Therapy are to resolve fixations, regression, developmental deficiencies, and other impediments to the child's normal development. (Lee in Henderson 2000:382.) The role of the therapist is to

establish and to maintain an alliance by interpreting, empathizing with, and understanding the child (Neubauer in Henderson 2000:382).

The researcher does not identify with any aspects within the psychoanalytic model of Play Therapy. As the researcher refrains from interpretation without clarification, the role of the therapist within this model is not applicable to the researcher. However, the researcher realises the importance of psychoanalytic Play Therapy within the right context.

5.8.7 Gestalt Play Therapy

As the researcher's theoretical perspective is Gestalt Therapy, this section is discussed more comprehensively. Fritz Salomon Perls, the foremost practitioner of Gestalt counselling and psychotherapy, had a passionate belief in the holistic nature of humankind: that human beings had the capacity and strength to grow; develop, and become the persons they desired (Capuzzi & Gross 1995:268).

Gestalt therapy is a humanistic and process-oriented approach. The concern of the therapy is the integrated functioning of all aspects of the person so that senses, body, emotions, and intellect are well co-ordinated in a creative adjustment. (Oaklander 1994:143.) The fundamental principles and concepts of Gestalt therapy are rooted in psychoanalytic theory (Carroll & Oaklander 1997:184). Oaklander compared the process of Gestalt Play Therapy to a dance where sometimes the counsellor leads and other times the child leads. She suggested meeting the child where she is and suggesting but not pushing as admonitions for the counsellor. (Oaklander 1994:143.)

Contact is also a very important concept in Gestalt Play Therapy. Contact is having the ability to be completely present in a situation by using one's senses that connect with the environment such as looking, listening, and smelling. Being aware of feelings and using the intellect are also part of making contact. (Henderson 2000:380.) When children are anxious or troubled, they do not use their senses fully. They block emotions and inhibit contact.

Schoeman (1996:30) emphasise that when building a relationship with a child client, it is necessary to look at the level of the child's awareness. If the child is not aware of himself, his interaction and

his sensory functions, the possibility of working on his recovery is slight. Gestalt Play Therapy includes exercises and experiences that involve the senses and the expression of feelings, because enhancing the self increases the ability to be in contact. The goal of the therapy is to restore the child's natural functioning and self-regulatory processes. Experiencing the contacting process leads to integration, choice, and change. (Henderson 2000:380.)

5.8.7.1 The Therapy Process

To prevent repetitive citing, the following detailed discussion is based on the information of Oaklander (1988:181-204), other relevant sources will be cited.

- *The child comes into therapy*

What is it that motivates a parent to bring a child into therapy? Many children manifest the kinds of behaviours that indicate something is awry, yet most parents hesitate before getting professional help. By the time parents make that first phone call seeking help, the situation generally has become very difficult. Sometimes parents bring a child into therapy because something unusual has happened and they want to be sure that the child expresses and finishes any overwhelming feelings resulting from the incident. Occasionally a child will directly ask to see someone.

It is not a simple matter to judge the proper moment for bringing a child into therapy. The child himself often sees to it that something is done – by fighting harder and harder in some way until someone notices. The schools are often the first to notice and yet will not recommend help until the situation is severe.

Oaklander (1988:184) mentions that she sometimes receive stacks of papers relating to a child; test results, diagnostic reports, court proceedings, and school records. Although these documents make interesting reading, the therapist can only deal with the child as he presents himself to the therapist. Relying on the given information would be working with someone else's perceptions and findings. The child must be making contact with someone who is willing to accept him as he is at the moment, without an overlay of preconceived biases and judgments.

- *The first session*

Generally parents call the therapist and attempt to explain the problem over the phone as they make the first appointment. However, Oaklander (1988:185) states that she explains to them that when they come to see her for the first appointment, they must repeat the problem, with the child present. It is important for the child to be present in order to alleviate his worst fantasies about what is wrong. The child always knows that something is wrong, and often imagines it to be much worse than it is.

It is essential to have the child present with the parents, never leave a child in the waiting room! Whatever needs to be said must be said in front of the child. By doing this, the therapist can observe the child's reactions, the dynamics between parent and child, and hear all sides. This is also the beginning of establishing a trusting relationship with the child.

Oaklander (1988:190) does not use an intake form during the initial interview. Her 'intake' consists of the process of the first session, in which the parents and child meet her to talk about why they have come to see her. She prefers to learn about the child as she goes along, as the information seems to come up within a meaningful context during the sessions.

After the problem is brought up and assigned, the parents are requested to wait outside. The therapist explains to the child what is going to happen, discuss confidentiality and sometimes tests can be used as a way of relating to the child. The *Draw-A-Person Test* and the *House-Tree-Person Test* are simple tasks for most children to complete. The child usually reveals many things in the drawings, but judgment by the therapist must be suspended. However, a lot about the child's process could be learned by watching him approach the task. (Oaklander 1988:190.)

After every session, a few notes could be jotted down about what was done, what happened, feelings, reactions and observations. These notes are an essential part of the therapeutic process. The therapist can see what is happening; and can make determinations about what appears to be needed in terms of activity for the next session. These notes are not shared with parents (except for very general summaries regarding the progress of work). (Oaklander 1988:190.)

- *The process*

Specific techniques for helping children express feelings through the use of drawing and painting are endless. Oaklander (1988) states that regardless of what she and the child choose to do at any session, her basic purpose is the same. The goal is to help the child become aware of himself and his existence in his world. Each therapist will find his or her own style in achieving that delicate balance between directing and guiding the session on the one hand, and going with and following the child's lead on the other.

The process of work with the child is a gentle, flowing one – an organic event. What goes on inside you, the therapist, and what goes on inside the child in any one session is a gentle merging. From this as a starting place, the therapeutic process, as applied to drawing, might evolve as follows according to Oaklander (1988:192):

- a) Having the child share the experience of drawing in his own words – his feelings about approaching and doing the task, how he approached and continued the task, his process. This is a sharing of self.
- b) Having the child share the drawing itself, describing the picture in his own way. This is a further sharing of self.
- c) On a deeper level, promoting the child's further self-discovery by asking her to elaborate on the parts of the picture; making parts clearer, more obvious; describing the shapes, forms, colours, representations, objects, people.
- d) Asking the child to describe the picture as if it were the child, using the word 'I'. For example: 'I am this picture; I have red lines all over me and a blue square in my middle.'
- e) Picking specific things in the picture for the child to identify with: 'Be the blue square and describe yourself further – what you look like; what your function is, etc.'

- f) Asking the child questions, if necessary, to aid the process: 'What do you do? / Who uses you? / Who are you closest to?' These questions will come out of the therapist's ability to 'get into' the drawing along with the child, and to open up to the many possible ways to exist, function, and relate.
- g) Further focussing on the child's attention, and sharpening his awareness by emphasis and exaggeration of a part(s) of a picture. Encouraging the child to go as far as he can with a specific part, especially if there is some energy and excitement within you or within the child, or if there is an exceptional lack of energy and excitement.
- h) Having the child dialogue between two parts in her picture or two contact points or opposing points (such as the road and the car, or the line around the square, or the happy side and the sad side).
- i) Encouraging the child to pay attention to colours. Giving suggestions for a drawing while the child's eyes are closed, like: 'Think about the colours you are going to use. What do bright colours mean to you? What do dark colours mean to you? Will you use bright colours or dull colours, light colours or dark colours?' The child must be aware of what he can do or of what he did, even if he is not willing to talk about it.
- j) Watching for cues in the child's voice tone, body posture, facial and body expression, and breathing, silence. Silence can mean censoring, thinking, remembering, repression, anxiety, fear, or awareness of something. Use these cues to promote flow in your work.
- k) Working on identification, helping the child to 'own' what has been said about the picture or parts of the picture. Questions could be used, like: 'Do you ever feel that way? / Do you ever do that? / Does that fit with your life in any way? / Is there anything you said as a rosebush that you could say for you as a person?' Questions like this can be phrased in many ways, asked in a careful and gentle way. Children do not always have to 'own' things. Sometimes children will pull in, sometimes they are frightened, and sometimes they are not ready. Sometimes it just seems to be enough that they've gotten something out in

the open through the picture even if they don't own it for themselves. They can tell that the therapist has heard what they had to say, in their own way.

- l) Leaving the drawing and working on the child's life situations and unfinished business that came out of the drawing. Sometimes this is precipitated directly from the question: 'Does this fit with your life?' Sometimes a child will associate to something in his life spontaneously, sometimes the child will suddenly be very silent, or a look will cross his face. The therapist may comment on this by saying: 'What just happened?' and the child will usually begin to talk about something in his life now or in the past that relates in some way to his present life situation. (However, sometimes the child just answers: 'Nothing').
- m) Watching for the missing parts or empty spaces in the pictures and attending to that.
- n) Staying with the child's foreground flow, or attending to the therapist's own foreground – where the therapist finds interest, excitement, and energy. The therapist can go with what is there or even with the opposite of that. For example: A boy drew Disneyland in the cave fantasy and he stressed the pleasure and fun of the place. Going with the opposite of his foreground, the therapist will say, 'I guess your own life doesn't have so much pleasure and fun in it'.

Start working with what is easy or comfortable for the child first, before going into the harder, uncomfortable places. Oaklander (1988:196) experiences that if she talks to children about the easier things, they are more open to talking about the harder things. For example: in a picture where the child painted sad feelings on one side and happy feelings on the other, the child will often find it difficult to share the sad feelings until he has shared the safer happy feelings. However, sometimes children who are holding in much anger will need to let this out before the good feelings can come through. When children show disturbance in some way, the therapist knows that there is some malfunction in the natural balance and flow of the total organism, the person. Doing therapy can be described as going back to locate and restore the misplaced function.

The normal development and growth of a child is an essential part of Oaklander's working model. The infant is very much in touch with his senses, he delights in his new awareness of smell, sound, light, colours, faces, taste and touch. As his senses and body are reaching new heights of awareness, so are his feelings. He makes no effort to hide his feelings, he expresses them fully. When a young child is angry, we know it. When he is happy, we know it. As his intellect develops, he begins to express curiosity, thoughts and ideas. All this time his senses and body feelings are arriving at more and more sophisticated levels of development. (Oaklander 1988:56.)

The healthy, uninterrupted development of a child's senses, body, feelings, and intellect is the underlying base of the child's sense of self. A strong sense of self makes for good contact with one's environment and people in the environment. Oaklander (1988:57) emphasises that the most children singled out as needing help have one thing in common: some impairment in their contact functions. The tools of contact are looking, talking, touching, listening, moving, smelling and tasting. Since a strong sense of self predisposes good contact, it is no wonder that almost every child seen in therapy does not think too well of himself, though he may do everything he can to keep this fact hidden.

Young children do not place blame for their problems upon their parents or the world outside. They imagine that they themselves are bad, that they have done something wrong, that they are not pretty enough or smart enough. However, children do what they can to get through, to survive. The thrust of children is toward growth. In the face of the interruptions of natural functioning, they will pick some behaviour that seems to serve to get them through. They may act aggressively, hostile, angry, and hyperactive. They may withdraw into worlds of their own making. They may talk as little as possible or perhaps not at all. They may wet the bed; have asthma, allergies, tics, stomach aches, headaches, and accidents. There is no limit to what a child will do to take care of her needs. (Oaklander 1988:57.)

As the child becomes a teenager these behaviours may become more exaggerated, or change into new ones such as seductiveness and promiscuity, or excessive use of alcohol and other drugs. Beneath these attempts to cope there are always unmet needs that result in a lost sense of self. (Oaklander 1988:58.) Therefore Oaklander emphasised that whenever she worked with a child,

adolescent, or adult, she knew that they would need to go back and remember, regain, renew, and strengthen something that the child once had as a baby but now lost.

The therapist must therefore work to build the child's sense of self, to strengthen the contact functions, and to renew the child's contact with her senses, body, feelings and use of intellect. As this is being done, the behaviours and symptoms that she used for her misdirected expression and growth often drop away without her being fully aware that her behaviours are changing. The child's awareness is redirected to the healthy mindfulness of her own contact functions, her own organism, and thus toward more satisfying behaviours. (Oaklander, 1988:59.)

As the process of Oaklander is self-monitoring, she believes that a mistake will not be made if the therapist has good will and refrain from interpretations and judgments – if the child is accepted with respect and regard. She therefore summarises as follows (Oaklander 1988:323):

Children are our finest teachers. They already *know* how to grow, how to develop, how to learn, how to expand and discover, how to feel, laugh and cry and get mad, what is right for them and what is not right for them, what they need. They already know how to love and be joyful and to live life to its fullest, to work and to be strong and full of energy. All they need is the space to do it.

The discussion emphasised the human-oriented approach of Gestalt Play Therapy. A more precise view of the theoretical perspective of the researcher is introduced in section 5.8.7.2 Although the researcher works from a Gestalt perspective, components from other therapies were incorporated for the development of the board game as preventative measure.

5.8.7.2 The Theoretical Perspective of the Researcher

As Gestalt therapy is a humanistic, process-oriented approach, it is concerned with the integrated functioning of all aspects of the person: senses, body, emotions and intellect. The researcher works from a Gestalt perspective and therefore developed the board game as preventative measure from this perspective. Table 5.3 provides an illustration of the principles of other

therapeutic modalities incorporated with Gestalt therapy during the development of the board game.

Table 5.3 The Researcher's Theoretical Perspective

Therapeutic Modality	Principles incorporated during development
Gestalt Play Therapy	<ul style="list-style-type: none"> • Holistic nature of mankind • Fulfilment of potential and growth • Focusing on expressing oneself non-verbally • Communicates in metaphors or projections • Organismic Self-regulation • Contact • Process-oriented • Creative Adjustment • Energetic Relationships • Integrated functioning
Adlerian Play Therapy	<ul style="list-style-type: none"> • Social context of individual • Holistic view of individual • Providing encouragement
Child-Centered Play Therapy	<ul style="list-style-type: none"> • Child has the innate desire for growth and capacity for self-direction • Empathy, warmth, acceptance • Respect for the individual • Process-oriented
Cognitive-Behavioural Play Therapy	<ul style="list-style-type: none"> • Structured • Based on educational-model • Assists child in gaining mastery over life events
Ecosystemic Play Therapy	<ul style="list-style-type: none"> • Context of individual • Systemic approach
Eriksonian Play Therapy	<ul style="list-style-type: none"> • Child's strengths are important • Communicates through metaphor, not interpreting

These principles illustrated in Table 5.3 provide a framework from which the board game as preventative measure for grade four learners were developed. The researcher identifies with these

principles and aimed to incorporate it during the developmental phase, as well as in the outcomes of the board game.

5.9 SUMMARY

In this chapter the development of play and Play Therapy were introduced. The vital role of play in the daily life of children was emphasised. All children play, unless they are extremely ill physically or extremely traumatised emotionally.

This chapter introduced the definitions of play and Play Therapy. The researcher defines play as an freely sought activity for the sake of enjoyment incorporating three traits – a conscious or unconscious fantasy; a physical component and a symbolic component. When play loses the quality of 'pretend' or when it goes out of control, as when it becomes real in terms of consequences, it will not be defined as play. Play Therapy, as defined by the researcher, is the use of the medium of play, with the assistance of a therapist, hereby providing a safe therapeutic setting for the child to process, master and work through the relevant stressor.

Within the context of these two definitions, the development of play from birth, the function and purpose of play, as well as the play themes for nine to twelve year olds were discussed. The acquisition of social competence in play is emphasised within each of these discussions. Interacting, cooperating, sharing, developing empathy and role taking, and being able to understand the perspective of others are the social expectations of childhood. The early success or failure of becoming a competent playmate reverberates throughout life and strongly influences how a person view herself as an adult.

The role of culture within a play context was discussed. All play is cultural. The researcher realised the essence of studying cultural practices as it gives insight into the way behaviour towards children is embedded in local beliefs about what is good and what is bad for them. Including culture within a developmental perspective allows the researcher to describe it in a more holistic and dynamic manner. The impact of child abuse on play was introduced within this chapter. The literature highlighted several differences between an abused child and a child not exposed to abuse. Play is associated with intensity and trauma by an abused child, which is contradicting the

joyous, fun activity it's supposed to be. The researcher concluded that sexual abuse takes away one of the most meaningful social aspects of childhood.

The researcher works primarily from a Gestalt perspective. A few of the approaches to Play Therapy were discussed as comparative to the Gestalt perspective. The researcher derived principles from Adlerian Play Therapy, Child-Centered Play Therapy, Cognitive-Behavioural Play Therapy, Ecosystemic Play Therapy and Eriksonian Play Therapy in addition to the Gestalt principles to develop the board game as preventative measure.

As this discussion emphasised, play is children's means for making contact with the environment in a way similar to the social aspect of work in an adult's life. Incorporating play in therapy to enhance the development of children is a significant way of influencing growth and entering the child's world in a positive way. Different techniques can be used to make contact with the child within a medium of play. One of the techniques to be used is a board game as educational, communicative or preventative tool. The next chapter will introduce the use of a board game as play technique.

CHAPTER SIX

THE BOARD GAME AS PLAY TECHNIQUE

6.1 INTRODUCTION

Children's play becomes more complex and interactive with age. The increasing social nature of play requires a combination of physical-motor skills, interpersonal skills and cognitive skills. Through play, children discover their capacities. As mentioned in the previous chapter, children communicate in a special way and Play Therapy addresses this way of communication. Various play techniques within Play Therapy can be utilised in working with children. A board game is an example of a play technique. As children's physical and mental capacities and interests mature, the quality of their games changes. Game patterns change with cognitive development and children become more and more capable of handling complex rules and strategies. Games, and especially board games, have a vital role to play in aiding the child's multi-dimensional development. This chapter introduces the rationale behind the employment of games in different settings.

As the researcher is developing a board game, the HOOC board game, as preventative measure, the aim of this chapter is to introduce and define the concept of games, with a focus on board games. Although the researcher used various theoretical principles from play therapeutic modalities to aid in the development of the board game, this chapter deals with games in all contexts, not specifically in a therapeutic context. The relevance of a board game as play technique will be introduced. Different types of games and their functions will be discussed, as well as the role of games in play and development. Finally, the therapeutic use of board games will be introduced with an emphasis on Communication Board Games.

6.2 DEFINING GAMES

One of the contemporary developments in the area of child and adolescent therapy has been the utilization of games and game theory. The development has largely taken place in school settings because of the demonstrated usefulness of such games in classroom instruction. (Nickerson & O'Laughlin 1983:174.)

6.2.1 Definitions

The Dictionary of Psychology (Corsini 2002:402) defines a 'game' as a contest conducted according to rules; an interaction, or transaction, in which one person tries to get the better of others or make her mark in society; in the context of Gestalt therapy theory it refers to 'exercises' or 'experiments' designed to increase self-awareness. The term 'games' thus usually refers to formal, organised interpersonal interactions with rules, such as hopscotch, monopoly, and baseball. Game playing is an activity that shares at least two of the basic elements of play: both are meant to be fun and provide a context for fantasy experience. (Schaefer & Reid 1986:2.) However, when playing an organised game, children must abide by the relatively fixed set of rules. All games have rules which ordinarily do not vary across situations or children. Rules inform players about the roles they will play, the limits and expectations for behaviour, and how the game works. As a result, the range and scope of game behaviour is much more restricted and formalised than in play. (Opie & Opie in Schaefer & Reid 1986:2.)

Games are further defined as almost always involving a contest. Avedon and Sutton-Smith (in Schaefer & Reid 1986:2) define a formal game as an exercise in voluntary control systems, in which there is a contest between powers, defined by rules, in order to produce a disequilibrium outcome (someone ends up a winner). While competition appears to be a basic part of games, it can be minimised or even eliminated from some games. Rather than to minimise conflict, most games are designed to provide competitions within a mutually acceptable framework. This permits high levels of friendliness and cooperation to coexist with overt competitive attitudes. (Schaefer & Reid 1986:2.)

The emphasis on outcome (referring to winning or losing) associated with game-playing contrasts with the lack of goals so apparent in the play of younger children. In play, victory can be merely a state of mind achieved through fantasy. Play lacks the sense of personal challenge implied by competitive game-playing. To compete means that each child should apply their skills in an attempt to win the game. Meeks (in Schaefer & Reid 1986:3) observes that latency-aged children often show a more serious, even strained approach to organised games than younger children show toward play.

In this vein, it is clear that games demand much more of children in terms of ego processing than does play. Children playing a game must have enough impulse control, frustration tolerance, and reality testing to accept limits on their behaviour and follow the rigid rules of the game. A certain amount of persistence, attention, and concentration to task is necessary to follow a game to its conclusion. Furthermore, even the simplest of games requires greater cognitive ability than does play. (Schaefer & Reid 1986:3.) The other key element common to most, if not all games, is interpersonal interaction. Games typically involve the interaction between two or more players. Furthermore, in most games, the actions of the participants are interdependent. This means that the outcome of the game depends on the interaction of the players, not on one player's actions alone. Game-playing is inherently more of a social activity than unstructured play, which can be carried on by two or more children with little interaction between them. (Schaefer & Reid 1986:3.)

There are six aspects of games portraying the major defining characteristics. These characteristics provide a framework and working definition of games, especially as they contrast with play (Schaefer & Reid 1986:4):

- Playing a game is an enjoyable activity.
- Games have an 'as if' quality that separates them from real life and allows for fantasy experience.
- Rules exist or are created that define and restrict the behaviour of the players and add organization and structure to the game.
- A contest is implied or explicit in games, in that players compete either with each other or with themselves in order to win the game.
- Games, by virtue of their structured, competitive makeup pose a challenge to the participants. At the lowest level, the challenge is to play with other people in a self-controlled, cooperative fashion. More complex games require more in terms of emotional control, intellect, and social skills.

- Game-playing usually involves interaction between two or more players.

Within the context of the study, these six aspects of games portrayed by Schaefer and Reid are closely linked to the principles derived from the researcher's theoretical perspective. These principles are the basis of the development of the HOOC board game as a preventative measure for children of nine to twelve years of age. Table 6.1 illustrates the interaction between the six aspects of games and the researcher's theoretical principles. The theoretical principles accommodate the six aspects and each principle embodying an aspect is marked with an asterisk * in 6.1:

Table 6.1 The Interaction Between Game Characteristics and Theoretical Principles

Therapeutic Modality	Principles incorporated during development	Defining characteristics of Games
Gestalt Play Therapy	Holistic nature of mankind Fulfilment of potential and growth* Focusing on expressing oneself non-verbally Communicates in metaphors or projections* Organismic Self-regulation Contact, Process-oriented, Creative Adjustment Energetic Relationships* Integrated functioning*	Enjoyable activity 'As if' quality that separates them from the real life and allows for fantasy.
Adlerian Play Therapy	Social context of individual* Holistic view of individual Providing encouragement	Rules exist or are created to add structure.
Child-Centered Play Therapy	Child has the innate desire for growth and capacity for self-direction Empathy, warmth, acceptance Respect for the individual and Process-oriented	A contest is implied in that players compete with one another.
Cognitive-Behavioural Play Therapy	Structured* Based on educational-model* Assists child in gaining mastery over life events*	Challenging.
Ecosystemic Play Therapy	Context of individual Systemic approach	Interaction between players.
Eriksonian Play Therapy	Child's strengths are important* Communicates through metaphor, not interpreting *	

There are various principles and aspects overlapping in Table 6.1 – therefore the researcher concludes that the theoretical perspective utilised for the development of the board game as preventative measure, coincided acceptably with the major characteristics of a game. Although most view a game as more of a social activity, certain characteristics and elements need to be incorporated within a game.

In conclusion, play techniques thus aim to provide a safe environment where the child feels comfortable when playing, as well as a medium to express (negative) experiences and emotions. Thus, for the purpose of this study, a board game - as play technique - will refer to a board marked with squares on which you can move forward after throwing a die, according to the rules agreed upon.

6.2.2 Types of Games

Games can be classified according to what determines who wins. The classification scheme developed by Sutton-Smith and Roberts (in Schaefer & Reid 1986:4) is widely used in game research. These authors distinguish three types of games: (1) games of physical skills, in which the outcome is determined by the players' motor activities, (2) games of strategy, in which cognitive skill determines the outcome, and (3) games of chance, in which the outcome is accidental. Each category is discussed below with emphasis on the potential for use in therapy.

6.2.2.1 Games of Physical Skill

This category can be further divided into gross- and fine-motor games. The former includes many childhood games such as relay races, tag, simple ball games, and so forth. One needs only to be a casual observer of children at play to see them create these types of games spontaneously. Fine-motor games include darts and pick-up sticks. The advantages of physical games for the purpose of therapy are: (1) they have simple, easily explained rules; (2) physical motion can provide a cathartic release of energy for many children; and (3) the action-orientation of these games lends them for therapeutic use for behaviour problems such as hyperactivity and impulsivity. The primary disadvantage of these games is that they are hard to perform in an office, especially gross-motor games. Another problem with physical games is that they often encourage acting out, instead of verbalization, of feelings and emotions. (Schaefer & Reid 1986:4-5.)

6.2.2.2 Games of Strategy

Games whose outcomes depend primarily on cognitive skill include number and word games, Chinese checkers, checkers and chess. These games can usually be played by two people in an office setting. They also permit informal observation of the child's intellectual strengths and weaknesses. Another advantage of strategy games is that they permit expression of aggression without the physical arousal associated with physical games. Complex strategy games, however, such as chess, are often time-consuming, intellectually draining affairs which leave little time or energy for therapeutic work. (Schaefer & Reid 1986:5.)

6.2.2.3 Games of Chance

These include bingo, roulette, a few card games and some board games. Pure chance games, except for adult gambling, tend to be on a simple level and are therefore useful as an introduction to game-playing. Another therapeutic advantage of chance games is that they neutralise the adult's superiority in intellect, skill and experience. On the other hand, children often quickly lose interest in chance games because of the lack of strategy or skill involved. (Schaefer & Reid 1986:5.)

Most games involve a combination of any two or three elements of luck, physical skill and strategy. Games created specifically for therapy have been categorised on the basis of amount of rules and type of activity (cognitive, behavioural, or both). As the number of new therapeutic games increases, it becomes possible to classify them according to the therapeutic objective or emphasis of the game. Four categories can be distinguished: communication, problem solving, ego-enhancement and socialization. (Schaefer & Reid 1986:6.)

The HOOC board game, as developed by the researcher, is a combination between a game of strategy and a game of chance. The HOOC board game requires cognitive skill but is not intellectually draining. The HOOC board game is on a more complex level than a game of chance, especially as children tend to quickly lose interest in games that are too simple. The HOOC board game can be described as a game requiring cognitive skill combining luck and strategy.

The various types of games have different outcomes and will therefore have a different impact on the child's extent of learning. Hugo (2003) categorised the various types of games with their unique outcomes as follows:

Table 6.2 The Outcomes of Different Games

Type	Learning Outcome
Action	Skills Development, Rules and Procedures
Bingo	Application of Previous Knowledge
Board Game	Decision Making
Simulation	Problem-solving
Computer Game	Analytical Thinking
Word Game	Communication
Jigsaw Puzzle	Visual Skills
Role Play	Values, Insight, Interpersonal Skills
Card Games	Identification, Classification, Relationships

The researcher agrees with Hugo's stated outcomes for various games, as indicated in Table 6.2. According to Table 6.2 the learning outcome of a board game is decision making. However, the researcher tends to disagree with Hugo as this is a very generalised statement. Board games with an educational focus have more outcomes than just decision making – outcomes like the application of previous knowledge, the development of knowledge and rules and procedures may be included. The outcomes applicable to the HOOC board game are the application of previous knowledge, the acquisition of knowledge, decision making, rules and procedures. As the HOOC board game is a preventative measure against the sexual abuse of children between the ages of nine to twelve, the acquisition and development of preventative concepts are the game's primary focus.

In summary, play is unrestricted, games have rules. Play and playing games are not only cathartic, self-revealing, and instructive in nature, but also fun. Hence, it is self-motivating. The very essence of play is not taking it 'for real'. In playing games, children can feel relatively spontaneous and free to be themselves, to have fun trying things out. Play and games are therefore an educational and therapeutic medium which is naturally attractive and important in the overall development of children. (Nickerson & O'Laughlin 1983:175.) The researcher agrees with the authors in stating that

play and games are a naturally attractive and important medium in educational and therapeutic context. Within the educational context, the role of games as preventative measures can be further researched.

6.3 GAMES, PLAY ACTIVITIES AND HUMAN DEVELOPMENT

It is generally recognised that play behaviour of children proceeds along developmental lines and can therefore be classified according to stages of development.

6.3.1 Development and Games

As discussed in Chapter Five, Piaget (1962) identified three stages of cognitive development in play: sensory-motor play (two months to two years), fantasy play (two to seven years), and games with rules (seven to eleven years). In the first stage, the sensory-motor actions of the child and their repetition are primary. With fantasy or symbolic play, the child starts playing roles, for example, playing doctor or playing house. The ability to pretend, to use one thing to represent another, signifies a major advance in intellectual development. Rule games begin when the child's use of reasoning becomes logical and objective.

Peller (in Schaefer & Reid 1986:6) ties the preference for playing games to the reduction of oedipal preoccupations. Oedipal play, according to Peller, is characterised by idiosyncratic fantasy and magical thinking, both of which typify the mental life of the child in this psychosexual stage of development. Resolution of oedipal strivings is achieved through identification with an adult figure and is reflected in the child's shift in interest from fantasy play towards games that parallel life in the adult world. This is the first step towards the formation of autonomous personality functioning within the confines of prescribed social roles, a task which reappears throughout latency and adolescence.

In regard to social development, Parten (in Schaefer & Reid 1986:7) studied social participation in the play of preschoolers. She found that as children develop, their social play becomes increasingly complex, proceeding through the stages of solitary, parallel, associative, and cooperative play. As toddlers develop, so does their interest in and ability to play cooperative, rule-governed games. Games with rules therefore gradually become the preferred play activity as

children emerge from toddlerhood and enter the school age years, and remain primary throughout late childhood and adolescence. Nichols (1995:4) adds that for a game to be meaningful to children, it is equally important that the cognitive, social and motor aspects of the game match the developmental needs of the participants. The researcher is aware of the importance of age- and developmental appropriate measures for children and took the various developmental aspects of the children into account during the development of the board game.

6.3.2 Games and socialisation

Another theme that runs through the literature on play development is that play and game-playing not only reflect developmental stages and changes, but function to promote and enhance the process of change. Play is believed to have an important role in such early developmental tasks as separation-individuation, exploration of the environment, mastery of anxiety, and achievement of object permanence. Mead (in Schaefer & Reid 1986:7) adds that games also have an important role in the socialization process. Through participation in games, the child learns to differentiate herself from others and gain practice in basic communication skills. By following the rules constraining game behaviour, the child learns about the power of society as the 'generalised other', and that social behaviour is seldom removed from public view and sanction. Further socialization experiences occur when rules are violated. Rule violators are generally stigmatised or must offer an apology, admission of guilt, or retribution in order to be permitted to remain in the game. In this way, children are sensitised to the aversive consequences of rule-violating behaviour. (Schaefer & Reid 1986:8.)

Games, according to Berns (1997:358), also change with children's psychological development. For example, their self-concepts change. In younger children's games, such as 'Simon Says', the person who is 'It', operating from a home base, is safe and has power to control the moves of the others. The structure of these games provides a non-threatening opportunity for children to venture into a leadership role. From the age of ten, the games enjoyed mostly involve a central figure who is vulnerable to attack by others who seek the leadership role (king of the castle). Older children also enjoy competitive games, where one wins and one is defeated, because these types of games offer the experience of competence. Redl (in Schaefer & Reid 1986:8) adds that the concepts of power and control are intrinsic in games. Subjecting oneself to control of command by others is a

central aspect of most games. Many games require that a leader be designated and that other players follow the leader. Therefore, games provide an experimental situation for learning to deal with others in the real world who are more powerful than oneself. The opposite is also true, in that some games offer children and adolescents a chance to adopt leader roles and learn leadership skills. Follow-the-leader type games, of course, provide the clearest examples of games in which specific leadership roles are designated. The HOOC board game has a competitive element as there are six players and only one is able to finish first. The children will thus have the experience of competence.

Games also provide an opportunity for children to deal with aggressive and competitive urges in a socially acceptable way. By their very nature, games arouse competitive feelings in children, but at the same time the rules of the game require that children compete within certain limited boundaries. Children often argue about the interpretation of the rules and 'fairness' of the contest. (Schaefer & Reid 1986:8.) However, children are more critical of themselves and may feel uneasy and unhappy over their achievements. This makes them feel vulnerable. Along with the increased vulnerability is an evoked wishful fantasy of 'I can go back and start all over again'. Games with rules provide children with the possibility of starting again and again, with each attempt having a different ending. Games also channel sexual and aggressive drives, which children must learn to monitor and master without the aid of parental control. (Lovinger 1998:81.) Also, group norms usually exist that dictate how winners should behave in relation to losers; that is, how to be a 'good winner'. In short, games are an exercise in controlled, adaptive expression of aggression. (Redl & Wineman in Schaefer & Reid 1986:8.)

The researcher agrees with the authors and view games as play techniques to appropriately channel various emotions.

6.3.3 Games and Culture

Children's games reflect the culture in which they live. For example, according to Parker (in Berns 1997:358), competitive games, such as soccer, basketball, or football, offer practice in territorial invasion. Card games offer practice in bluffing and calculating odds. All games involve memory, manipulation and strategizing. Sutton-Smith and Roberts (in Schaefer & Reid 1986:8) add that

games are not just the creation of a few advanced civilizations. Game-playing is a nearly universal human activity; only a handful of the most primitive societies do not possess games.

It is no accident that many games, especially those that have endured for many years, are thematically similar to real-life social situations. Games seem to develop naturally as tools for dealing with real concerns. Cross-cultural research has shown that games of chance predominate in cultures associated with environmental uncertainty and unpredictability – for example where food supplies, climate and settlements are non-fixed. In these cultures, games mimic the uncertainty of life. Similarly, cultures possessing games of strategy are at a higher level of cultural complexity in which strategic skills and logical thinking are rewarded. (Sutton-Smith & Roberts in Schaefer & Reid 1986:9.) As the researcher wants to develop a board game that is applicable and appropriate for three different ethnic groups, with differing cultural complexity, the HOOC board game embodies elements of chance and strategy.

6.3.4 The value of Games

It appears, then, that games are more than just a form of amusement. They appear to provide a vehicle for dealing with a variety of real-life situations and concerns. Furthermore, for children games serve a specific, important function in development, that of providing key socialization experiences throughout the school years. Games provide the opportunity for social learning in several specific ways: (1) communication with others, (2) respect of and obedience to rules, (3) self-discipline, (4) dealing with independence issues, (5) cooperation with others, (6) awareness of and responsiveness toward group norms and expectations, (7) socialised competition and controlled expression of aggression, and (8) dealing with issues of power and authority. (Schaefer & Reid 1986:9.)

The researcher agrees with the authors that games provide an opportunity for social learning in a variety of ways. The HOOC board game provides for communication, respect and obedience to rules, self-discipline, cooperation with others, awareness of group expectations, competition and the controlled expression of aggression. As the board game has a competitive focus, combined with educational and preventative concepts, there is ample opportunity for social learning to take

place during the process of playing. The role of the facilitator may also have an impact on the amount of social learning taking place.

The variety and scope of children's games seem to have shrunk in today's culture. Berns (1997:358) explains that children spend less time in spontaneously organised play (hide and seek, marbles) than they did a generation ago. Today, children can buy many prepared board games with printed instructions and rules, as well as computer games with programmed instructions. They do not need to play cops and robbers when they can play video games on someone's computer. The sandlot neighbourhood versions of rugby and cricket have, for many children, given way to organised sports supervised by adults. These sports come with rule books and procedures. Today's children are not getting too many opportunities to experience making and revising their own rules and enforcing them with their peers.

The researcher agrees with Berns that many children in today's society experience play in a different way due to a variety of factors. However, this does not mean that children in today's society are ignorant to play techniques – it is just necessary to determine what different techniques in which context are preferred.

6.4 THE THERAPEUTIC USE OF GAMES

The rationale for incorporating play and game media in work with children is based on the following concepts (Nickerson & O'Laughlin 1983:176):

- Play and games are a child's natural medium for self-expression, experimentation, and learning in general.
- The child feels at 'home' in a play setting and can readily relate to toys and 'play out' concerns with them.
- A game medium facilitates communication and expression.
- A game medium also allows for a cathartic release of feelings, frustrations, anxieties.

- Game playing experiences can be renewing, wholesome, and constructive.
- An adult can more fully and naturally understand the world of children by observing them playing games. The adult can more readily relate to the child via play activities than by trying to induce entirely verbal discussions of their lives.

Referring specifically to games, Crocker and Wroblewski (in Nickerson & O'Laughlin 1983:176-177) list six possible helping functions resulting from the use of games in counselling or therapy:

- The use of games serves as a projective assessment tool. The process of observation and related discussion period tend to sensitise players and therapist to significant behavioural patterns not previously acknowledged or understood for their interpersonal significance.
- The use of a game may set up a situation in which anxiety about certain conditions can be confronted and worked through. For example, it was hypothesised by Capell (in Nickerson & O'Laughlin 1983:177) that 'Monopoly' enables players to deal with the anxiety caused by feelings of poverty and helplessness and thereby gain mastery over such feelings.
- The use of games may also offer a player an opportunity to learn to deal with the rules of the game as an analogy to living responsibly by acceptable norms of society and seeing one's rights and privileges in relation to those of others.
- The use of games may also allow a player's playfulness and fantasy activity to emerge (regardless of age) and in the process may free creative potential for living and problem solving.
- The use of games, like any playful fantasy situation, tends to create a safe and permissive climate in which a person can experiment with new behaviours. As previously noted, behavioural patterns may become more apparent through the processing of the way the players play the game. This increased self-awareness may subsequently enable the person to acknowledge and try out behaviours in the game situation and perhaps generalise them to other life situations.

- Hence, therapeutic game playing tends to lead to newer and more adequate coping behaviours. Exploring the personal meaning of winning and losing in the safer therapeutic context of playing a game can help the person learn varied skills of coping with aggressiveness, defeating others, accepting defeat, receiving criticism, hostility, or rejection from others.

Although the HOOC board game was not primarily developed as a therapeutic board game, there are functions, as mentioned by Crocker and Wroblewski concerning use of games in therapy, applicable to it as well. As the HOOC board game is developed as a preventative measure, it has an educational focus to empower children with preventative concepts. The HOOC board game may be used by a therapist within a therapeutic context. However, as this is an educational preventative tool, this board game cannot be used as a projective assessment tool.

During the play of the game, the therapist will be able to empower the child on various preventative concepts and be able to observe the child's reactions on the variety of information portrayed. The child will be exposed to a set of rules which may offer the therapist a chance to observe how the child reacts upon dealing with rules. It will also be possible to determine the child's level of fantasy activity and playfulness during the playing of the board game. Within this safe context, the therapist may be able to assist the child with more adequate ways of coping. Although the HOOC board game is developed for a specific aim, as preventative measure against sexual abuse, its use can be adapted for a variety of situations.

The various uses of games, as implemented by various therapists in counselling and therapy, will be discussed accordingly:

6.4.1 The Use of Specific Games for Specific Aims

Nearly every known game, commercial or otherwise, and every known game-like experience has been used as a therapeutic medium, from blocks, checkers, chess, bombardment, hide-'n-seek, and jacks, to trips, films, and picnics. Capell (in Nickerson & O'Laughlin 1983:177) uses 'Monopoly' as a vehicle for mastering feelings of helplessness and powerlessness. Bettelheim (in Nickerson &

O'Laughlin 1983:77) discusses the psychological significance of such games as blindman's bluff, poker, and chess, and outlines the ways he uses these games.

Gardner (1969:140 - 153), as another example, details the use of checkers as a diagnostic and therapeutic tool in child psychotherapy. Although he grants that many of the therapeutic benefits he ascribes to checkers could be equally derived from other games, he asserts that there are certain elements of checkers which make it unique, especially for the perceptually impaired child. Gardner emphasises that checkers is appropriate for providing a sense of mastery and competence for both the normal and disturbed child. The researcher views the HOOOC board game as a tool that is also appropriate for providing a sense of mastery and competence for children.

Some helping professionals have designed their own games or have modified existing ones. Teeter, Teeter and Papai (in Nickerson & O'Laughlin 1983:178) developed the game of 'Frustration', replete with instructions for construction and use, aiming to show incoming high school learners some of the ordinary hazards of the high school experience. They also propose that it be used to demonstrate the vagaries of occupational choice and as a tool to identify prospective run-aways and drop-outs. They advocate the development and use of this and similar games as an alternative, action-oriented style of group educational and career counselling.

Another example is the 'Family Contracting Game' developed by Blechman (in Nickerson & O'Laughlin 1983:178). It is a board game in which players must negotiate with each other in order to move around the board. In this way players supposedly develop a contract that is mutually pleasing and germane to their problem. What is to be emphasised is the interdependence of the family or group, and participants learn the process of behaviour contracting through a low-threat method.

6.4.2 The Use of Games to Reduce Therapeutic Resistance

Games have also been used specifically to deal with the inherent resistance to traditional talking, insight-oriented therapies. Thus, the limited ability and unwillingness of children (including latency-aged children) to discuss their problems and feelings directly has stimulated the use of play and games for the assessment and therapeutic handling of repressed and suppressed material. Child

psychotherapists, therefore, have sought additional projective game-like modalities for the communication of thematic material by latency-aged youth who tend to resist direct questioning. (Nickerson & O'Laughlin 1983:178.)

Claman (in Nickerson & O'Laughlin 1983:178) developed the 'Squiggle Drawing Game' as an adaptation of Winnicott's (in Nickerson & O'Laughlin 1983:178) Squiggle Technique and Gardner (1971) and Kritzberg's (1975) storytelling approaches. Winnicott (in Nickerson & O'Laughlin 1983:178) introduced the squiggle technique in an effort to communicate by metaphor with children. The goal of his 'squiggle-drawing' was to establish communication with the child's inner thoughts and feelings through an interchange that 'unhitches something at the place where the patient's development is hitched up'.

Gardner (1971) and Kritzberg (1975) developed more systematic techniques of therapeutic communication by metaphor for children, namely, the 'Mutual Storytelling Technique' which later evolved into the 'Talking, Feeling and Doing Game' (a board game which utilises written verbal cues to elicit thematic material). Kritzberg (1975) built on Gardner's earlier work and developed two games: 'TASKIT' (an adaptation of the popular 'Scrabble') and 'TISKIT' (a game almost identical to Gardner's Board of Objects Game).

'The Storytelling Card Game', distributed by Creative Therapeutics, is an instrument for eliciting unconscious material at a predictably high frequency. Since many children are hesitant to reveal themselves through the storytelling medium, this game enhances motivation to tell a story via a game format in which reward chips and prizes are given. This game is applicable for ages 4 – 14 and is an excellent companion to 'The Talking, Feeling, and Doing Game'. (Creative Therapeutics 2004a.)

As Gardner (1971) notes, these game-like therapeutic approaches serve the therapeutic purpose of bypassing the super-ego (and its resistance to revelation) by speaking directly to the ego. In these games then, the child and the therapist carry out a thematic exchange of unconscious and sub-conscious material in a structured, highly interactive fashion. The feelings and concerns of the

child are reputed to be usefully revealed and therapeutically handled in this creative type of game interaction.

The researcher is of the opinion that games used to reduce therapeutic resistance should be neutral, in other words, not be developed for a specific aim. For example, a board game developed to elicit sexual abuse should not be used to reduce the therapeutic resistance of a child referred for therapy after an alleged incident of sexual abuse. A non-threatening, simple play technique should establish the rapport between therapist and client.

6.4.3 Games as Central to a Therapeutic System

To some therapists, games serve merely as one instrument or tool in the therapeutic approach; yet to others, games are a central, basic feature of the therapeutic approach. One such system is that developed by Schachter (1974:430-437) called Kinetic Psychotherapy. It is defined as a form of group therapy consisting of a number of familiar games modified to mobilise feelings and stimulate interaction among participants.

In contrast to Schachter's system, Wurthington Hurst Associates (Jernberg in Nickerson & O'Laughlin 1983:179) advocate a system called Theraplay for urban disadvantaged and emotionally disturbed preschoolers. Theraplay is characterised by the emphasis that therapeutic games played with children be fun, physical in nature, and insistent. Thus, the usually early infancy games are interspersed with cooing, rocking, tickling, piggyback rides, and continued playful, physical interaction. The verbal processing of Schachter's approach is absent. The pleasurable and continuous physical relatedness with the therapist is considered to be the necessary and sufficient condition for filling the hypothesised void in early infant interpersonal relatedness and sensory experiences which led to the emotional difficulties. (in Nickerson & O'Laughlin 1983:180.)

Within therapy with sexually abused children, these children should be educated on preventative concepts to prevent a repetition of the incident and to empower the children. The HOOC board game can be used within a similar therapeutic context as it educates children on the various preventative concepts – incorporating appropriate and inappropriate touch, whom to tell and what to do during an abusive situation.

6.4.4 Physical Challenge and Initiative Games in Therapy

The use of physical challenge activities and initiative games have gained in acceptance and popularity as forms of group therapy for all ages. Physical challenge approaches emphasise the development of physical motor skills and the experimentation with new behaviours that eventually translate to increased competence elsewhere. The active use of one's body to confront a physical problem generalises to the use of one's psyche to master psychosocial challenges within and beyond the therapeutic environment. (Winn in Nickerson & O'Laughlin 1983:180.) Winn states that the physical challenge format offers an effective alternative to therapeutic techniques that rely mainly on verbal and cognitive processes, and he notes that the physically challenged clients may be especially receptive to an intervention which fosters a sense of physical integrity. There are various potential benefits for clients whose primary mode of communication is action and, conversely, for those whose psychological problems involve limited kinetic functioning (such as depression).

Initiative games involve a clearly defined problem or task which group members can solve only by working together to find a solution. These games, which involve little or no equipment, foster the use of cognitive skills such as planning, evaluating, and decision making. They also encourage interpersonal growth as participants seek group solutions to problems. (Nickerson & O'Laughlin 1983:180.)

Physical challenge activities are often incorporated into programmes which emphasise personal development, self-actualization, and learning teamwork. Although a great many different physical challenge activities and games have been used in therapy, they share a common theoretical premise: games provide a non-threatening atmosphere in which behaviour can be observed and discussed in relation to real-life situations. (in Nickerson & O'Laughlin 1983:180.)

The researcher agrees that more physically oriented games are more applicable to some children. To enhance effective interventions, the therapist or educator must therefore establish the medium most suited for the specific group the intervention is aimed at.

6.5 BOARD GAMES

Early discussion of the therapeutic use of games and play activities borrowed heavily from the psychoanalytic tradition. Toys and games were thought to provide a familiar, neutral stimulus onto which children could project their unconscious conflicts; the therapist's role was to interpret the child's behaviours and verbalizations in the context of play to bring her unconscious conflicts into conscious awareness. (Celano 1990:420.)

The therapeutic use of toys and games in groups was introduced by Slavson (in Celano 1990:420) with his concept of activity group therapy. Activities were used to elicit the children's characteristic role responses or behaviour patterns, and to introduce them to alternative responses or behaviour patterns, and to introduce them to alternative responses through the modelling of other children. The activity group therapist eschewed interpretation of children's behaviour, relying on the group gestalt to effect behavioural change.

Recently, there has been a trend toward greater specialization in the use of games and activities in therapy. While traditional forms of therapy are effective with many children, there are some children who find it difficult, for various reasons, to respond to traditional approaches that require self-disclosing to the therapist in an one-to-one relationship or a group therapy setting. Children are acquainted with board games, such as 'Candyland', 'Monopoly', 'Clue', and so forth, and usually have a positive association with such games. Even the most reticent and negative child will usually play a game with the therapist, since such play is not necessarily viewed as being self-disclosing by the client and is usually seen as more pleasant than sitting in silence and receiving direct confrontation from the therapist. (Frey 1986:21.)

6.5.1 The Communication Board Game

One type of game which has therapeutic applications is the communication board game. The majority of communication board games are non-competitive, thus eliminating some cheating behaviours which often are an outgrowth of competitive games. Lack of competition puts the focus on the content of the game rather than the goal of winning. In the minority of communication board games where competition does exist, the value seems to be in enticing the child to respond and making the game very similar to non-therapy games. In the non-competitive games, the play can

continue for as long as the therapist and child agree to do so. This flexibility allows the therapist to continue play for as long as it is therapeutic – an advantage competitive board games do not have. (Frey 1986:21.)

The HOOC board game can be described as an educational board game with a communicative and preventative focus. As the HOOC board game has a competitive focus, the play cannot continue for an unlimited amount of time. However, this is not viewed by the researcher as a disadvantage. Within the genre of an educational focus, a competitive game was more applicable and motivating for the specific age group.

Communication board games enable children to project aspects of self, both known and unknown to the child. Often these projections involve the presenting problem which was the cause for referral and additional areas of clients concern. This gives the therapist a plethora of information about the child. It is also easy to involve the child's family in game playing while in the therapy session and in the child's home. Some communications board games, however, caution against non-professional involvement with the play. (Frey 1986:21.) The HOOC board game is not a diagnostic assessment tool but may be used by therapists for observational purposes. As the HOOC board game was developed age-appropriately, the game is user-friendly and there is no caution against the involvement of non-professionals. The ideal is that the parents of the children are involved when the board game is played.

Board games provide both the child and the therapist with flexibility and variety for use with a multiplicity of childhood disorders. Whatever theoretical orientation the therapist has, can be easily integrated into most communication board games. Other Play Therapy techniques can be used with board game playing. For example, puppets, human or animal figures, clay, finger puppets, and so forth can be used in conjunction with or in addition to the therapist's or child's response. The age range of most board games is from about five to adulthood. Younger children can often play these games if the therapist reads the cards to the child and adapts the vocabulary level. Young adolescents will also play the games, since they are not seen as immature if introduced in the correct context. Adults can also play without inhibition. Board games also provide a modality for preventative, developmental, and remedial forms of therapy. (Frey 1986:22.)

Due to the flexibility of responding in board games, the therapist can focus on cognitive, affective and / or behavioural dynamics of the child, depending on the presenting problem. The goal, of course, is to help the child become more aware of all three domains and how they influence each other. Frey (1986:23-28) distinguishes between three types of communication board games:

6.5.1.1 Interpersonal Communication Board Games

These games tend to focus on the exploration of attitudes, feelings, motives and values. Visual imagery, perceptions and childhood relations are also included in some of these games. These games are usually non-competitive and encourages self-disclosure. (Frey 1986:24.)

6.5.1.2 Games for Specialised Populations

These games are aimed at children with specific problems. For example, for children with low self-esteem, the 'Self Esteem Game' can be very helpful. The game focuses on coping options to help the child learn how to deal with intrapersonal and interpersonal setbacks. (Frey 1986:27.) A number of communication board games have been developed specifically for sexually abused children. 'The Rainbow Game' (Rainbow House in Celano 1990:425) was created to address a number of issues relevant to sexual abuse, such as sex education, power, self-esteem, rules, family roles, and prevention of further abuse. Designed for children five years and older, the game is similar to the 'Talking, Feeling and Doing Game' in format: players earn chips for responding to cards, and the player with the most chips after everyone finishes, is the winner.

Another game designed for sexually abused children is 'Let's Talk About Touching' (Johnson in Celano 1990:426), designed for ages seven and older. A card game rather than a board game, this game consists of thirty-two pairs of cards with problems and matching solutions about sex education, sex abuse prevention and hypothetical situations of abuse. The objectives of the game are to facilitate discussion about issues related to sexual abuse, improve problem-solving ability, and prevent sexual abuse by and to children. (Celano 1990:426.)

The Helping, Sharing, and Caring Game; developed by R. Gardner and M.D. Gardner; is a version of The Talking, Feeling, and Doing Game designed to be played by families at home as well as

teachers in a school setting. This introduces and reinforces children's social skills, empathy, sympathy. It also enhances a child's values, ethics, ambitions, ability to share and self-esteem. The game consists of cards of educational value and cards that facilitate interpersonal communication. (Creative Therapeutics 2004b.)

However, the researcher was not able to find these board games developed for specialised populations in South Africa. These games had to be imported at a costly rate. As the researcher aims to develop a board game for a specialised group at a cost-effective rate, these board games did not address the researcher's need.

Games for specialised populations in South Africa is, for example, the 'Don't talk to strangers' board game, distributed by Arlenco Toys and Games, and only available in English. This is an educational game for children from the age of four and older. This game aims to empower children regarding safe behaviour in all contexts – ranging from road safety to stranger danger – consisting of cards with questions, one die and a board where the players move their tokens according to the rules. The board game is approved by the South African National Council for Child and Family Welfare. As the researcher is aiming at developing a specialised board game with a specific focus – child sexual abuse – this board game did not address her identified needs and objectives. The 'Don't talk to strangers' board game is, in the researcher's opinion, a board game with a more generalised aim and the researcher also does not agree with the concept of warning children against strangers only. As most of the sexually abused children are abused within their home and family contexts, warning children against strangers only, will not empower them to react in the abusive situation that occurs more frequently. The fact that it is only available in English creates a problem for the researcher as she aims to empower children by using their home language.

Another South African game for child abuse, is the 'Let's talk' game from Smile Education Systems. This game consists of 36 conversation picture cards for children age three and older. It aims to empower children in a variety of contexts – from danger in the home, on the road, drugs and strangers. The conversation cards are available in Afrikaans and English. The South African 'Morality Board Game' is a game with the aim of making morality a reality is a family educational game. It can be played by a minimum of four players, is suitable for ages six years and older, but

an adult must be present to supervise the game. The game consists of a board, sets of cards, one die, playing pins and reward tokens. The role of the banker must be played by the adult as the banker will evaluate the answers and reward them appropriately. The topics covered in this game range from HIV/Aids, abuse, rape and values to drugs, love and patriotism. The game aims to reward moral behaviour and is only available in English.

The researcher is of the opinion that these two games are not specialised enough on child sexual abuse and that a facilitator will have to be present when these games are played to assist younger children. The researcher is impressed that the 'Let's talk' game is available in two languages, but unfortunately not in isiXhosa and that, again, creates a problem.

The researcher aims to develop a cost-effective, age-appropriate board game in the three main languages of the Western Cape – Afrikaans, English and isiXhosa. The focus of the board game is primarily on sexual abuse and equipping the child on the danger of familiar people in her life as well – not solely the stranger danger concept.

6.5.1.3 Games with Specific Theoretical Orientations

These board games are based upon specific theoretical orientations. For example, the 'Rational Emotive Game' teaches children the difference between rational and emotional thinking through the game cards which present stories that demonstrate that beliefs are the underlying cause of emotions and actions. This board game is therefore based upon the principles of Rational Emotive Therapy. (Frey 1986:28.) The HOOC board game is developed from a theoretical perspective focusing primarily on Gestalt therapy, but the researcher chose not to incorporate these teachings within the context of the game. The philosophy behind the game is therefore based on Gestalt, but the children playing the game are not taught the various Gestalt principles.

6.5.2 The Functions of Board Games

Several functions of board games can be distinguished. As the therapist uses communication board games, she will notice some overlap of these functions of board games from child to child and within each child. This overlapping of functions might vary from session to session or even

within a session, depending somewhat on the therapeutic goals. The functions are summarised as the following:

6.5.2.1 Establish Rapport

Since board games are a familiar medium to children and since they are relatively non-threatening they provide excellent opportunities for the therapist to establish rapport with the child client. By self-disclosing in response to game cards, the therapist becomes more human to the child. The child is able to know the therapist better and the therapist, through empathic responding, communicates understanding to the child. By serving as a model for self-disclosure, the therapist can also encourage the child to become more expressive. (Frey 1986:29.)

Within a preventative context, the HOOC board game may serve the function of establishing rapport. The relationship between the therapist and client will also determine whether the use of the board game will be appropriate or not. However, as mentioned in 6.4.2, using a board game to establish rapport when a child has been referred for therapy after an alleged sexual abuse incident, must be considered carefully.

6.5.2.2 Diagnostic Value

Through the use of board games, the therapist can observe a variety of thoughts, feelings, and behaviours which the child client manifests. Among such areas which are often of diagnostic value to the therapist are behaviour directed to the self, behaviour directed to others, goal persistence, perceptions, verbal expression, affective expression, use of body, developmental level, relationship of the child to the therapist, and mode of communication. All these factors when analysed and synthesised by the therapist can aid in facilitating a better understanding of the dynamics of the child. (Frey 1986:29.) The HOOC board game can have diagnostic value as well when the therapist is observing the children while playing the board game.

6.5.2.3 Ego Enhancement

Throughout the playing of the board game, there are numerous opportunities for the therapist to provide positive feedback to the child. In addition, the game playing provides many chances for the child to gain a sense of mastery since board games are not difficult to play. Board game playing is

primarily experienced as pleasurable by the child. As such, this medium of Play Therapy can have a positive, motivating effect on children. (Frey 1986:30.) Gaining mastery and achieving a sense of competence are two of the elements embedded in the HOOC board game. The function of ego enhancement is applicable to the HOOC board game.

6.5.2.4 Catharsis

Psychodynamics which are, for some children, difficult to express directly are often expressed through communication board games. Such feelings as anger, resentment, frustration, jealousy, and envy can be safely expressed through the use of the board game. Thoughts and feelings of the client about the therapist can also be safely expressed through game playing. (Frey 1986:30.) Although the board game was not developed for this function, there is always a possibility that a catharsis may happen in the right context with the right facilitator.

6.5.2.4 Sublimation

Through communication board games, the child client can re-channel impulses from forbidden outlets to the more creative outlet of the game. The child's sexual energy might be re-channelled into expressiveness through fantasy in a board game or the child's aggressive feelings might be re-channelled into a constructive activity in the game. (Frey 1986:30.) The HOOC board game serves as an appropriate channel for the ventilation of emotions.

6.5.2.5 Reality Testing

The use of board games assists children in playing out various solutions to problems in a safe environment where reality testing can occur. The child has the opportunity to learn that the rules of the game are a depersonalised source of authority and are analogous to societal norms. The child also can learn about the rights and privileges of self in relation to the rights and privileges of others. The therapist can use board games to reinforce appropriate responses of the child if such an approach is inconsistent with the therapist's theoretical orientation. Communication board games can facilitate a generalization effect of such learning to the child's environment outside therapy. As therapy progresses, the play therapist often directs her comments towards generalization of newly learned behaviour. (Frey 1986:30.)

The HOOC board game strongly embeds this function as the child is prepared for certain situations and what rights children have. The rights of other children and adults are also conveyed.

6.5.2.6 Insight

Through communication board game playing, behavioural patterns become more apparent to the child and therapist. Such increased self-awareness often results in changed behaviour for the child. Insight is often developed by the child in response to the therapist's responses when it is the therapist's turn and / or is often developed by the child's response to her own comments. (Frey 1986:31.)

The HOOC board game aims to increase self-awareness by the improvement of knowledge regarding body safety, appropriate and inappropriate touching. The ultimate aim is therefore that the insight results in changed behaviour.

6.5.2.7 Progression in Therapy

The therapist can often acquire a sense of progress in therapy by observing differences in patterns of thoughts, feelings and behaviours. These differences are easy to determine since structured games tend to elicit a somewhat restricted range of responses. Thus, game behaviour is relatively consistent across sessions, so changes in behaviour due to therapeutic growth or regression are readily apparent. It is often the case that a child might begin play with minimal responding or responding with intended inappropriate comments. Throughout the sessions the child's behaviour becomes more responsive until, nearing termination, the child frequently is verbalizing and behaving with very appropriate responses, often ones articulated by the therapist in her turn at play. (Frey 1986:31.)

When the HOOC board game is implemented on a regular basis, a difference in knowledge levels will be evident. This is in a preventative context and not solely based upon therapy.

6.5.2.8 Fantasy

The creative energies of children can easily be expressed in communication board games. When faced with a novel situation children often respond with curiosity. Such a situation often leads to innovation and exploration. Board games are sufficiently ambiguous stimuli to allow for all variety of

responses thus freeing a child's creativity. It is also not unusual for a child to want to change and adapt game rules or game boards. Such behaviour can often be therapeutically valuable. The opportunity for free expression is, of course, very valuable to the child. (Frey 1986:31.) The researcher agrees with the author. The HOOC board game elicited curiosity and creative energy from the children when implemented.

6.5.2.9 Group Play

Since communication board games can be easily played in individual or group therapy settings, their use is quite effective when focusing on the lessening of egocentrism, deepening children's empathy, fostering cooperative behaviour, developing self-discipline, assisting in problem solving, and developing socialization skills. Group game playing can facilitate such behaviours. The group could consist of other children in a similar age range or the child's family. Often in board game playing, pre-pubertal children more readily accept feedback from the same-age peers than from adult therapists. (Frey 1986:32.)

The HOOC board game is implemented within group context as six players at a time can play the game. The playing of the game facilitated decision making, enhanced interactive discussion, developed self-discipline, developed social skills and enhanced the knowledge level of the children.

6.5.2.10 Efficient Use of Time

The therapist can often make the most effective and efficient use of time through communication board games. Their structure and variety provide limitless opportunities for the therapist to creatively relate to the child in a therapeutic manner, which is time saving. Since referral sources, rightly or wrongly, frequently want to see behaviour changed quickly, such games provide the opportunity to progress without years of therapy involvement.

In using communication board games, the therapist, depending on the theoretical orientation, might choose the specific game to be played herself, allow the child to make the choice, take turns choosing games, or arrive at a mutual choice. Of primary importance is selecting the appropriate game. Nickerson and O'Laughlin (1983:181) suggested the following criteria for the selection of games:

- The game should be either familiar or easy to learn.
- The game should be appropriate for the individual or group in terms of age level and development.
- The game should have clear, inherent properties which are related to the therapeutic outcomes desired.

Therapists can, of course, create board games themselves after developing an understanding of the uses, forms, structures, and purposes of such games. Such games could be individualised for child clients with specific concerns. The researcher is of the opinion that communication board games have a definite place within any situation where children are involved – varying from a remedial context, a therapeutic context, an educational context to a preventative context. The facilitator can implement a board game to achieve various outcomes. This is a cost- and time-effective strategy to empower children.

6.6 SUMMARY

As discussed in this chapter, the utilisation of board games as play techniques for educational and therapeutic purposes is a contemporary development. Board games can be used differently by professionals to meet a variety of dynamics of children. It is an inexpensive and time-effective play technique to approach children with important information in a fun manner. A board game has the potential to facilitate better understanding of the dynamics of the child as it is a familiar and non-threatening medium.

Play techniques thus aim to provide a safe environment where the child feels comfortable when playing, as well as a medium to express (negative) experiences and emotions. Thus, for the purpose of this study, a board game - as play technique - referred to a board marked with squares on which you can move forward after throwing a die, according to the rules agreed upon. Within the context of this definition, the different types of games and their functions were discussed. There are three types of games: games of physical skill, games of chance and games of strategy. Most games involve a combination of any two or three elements of luck, physical skill and strategy. The

HOOC board game, as developed by the researcher, is a combination between a game of strategy and a game of chance. The HOOC board game requires cognitive skill but is not intellectually draining. The HOOC board game is on a more complex level than a game of chance, especially as children tend to quickly lose interest in games that are too simple. The HOOC board game can be described as a game requiring cognitive skill combining luck and strategy.

Games provide the opportunity for social learning in several specific ways: communication with others, respect of and obedience to rules, self-discipline, cooperation with others, learning how to function within a group, and competition within a social context. However, the researcher could not find any cost-effective board games dealing with sexual abuse in South Africa. The games that are available in South Africa, are not specialised enough on child sexual abuse and a facilitator must be present when these games are played to assist younger children. These games are not available in the three languages of the Western Cape as well.

In an attempt to address the dire need, the researcher therefore aims to develop a cost-effective, age-appropriate board game in the three main languages of the Western Cape – Afrikaans, English and isiXhosa. The focus of the board game is primarily on sexual abuse and equipping the child on the danger of familiar people in her life as well – not solely the stranger danger concept. The next chapter deals with the development of the board game and the research methodology used to create this intervention.

CHAPTER SEVEN

RESEARCH METHODOLOGY

7.1 INTRODUCTION

In the previous chapters a literature review was done to explore the fields related to child sexual abuse, the development of children, play and board games. As these chapters indicated, the development of a board game as preventative measure against the sexual abuse of grade four learners is an enveloping task. Now that this basis has been laid, this chapter can deal with the research methodology that was used in the collection of data for this study.

As indicated in chapter one, the research goal for this study is:

The development of a board game for grade four learners in South Africa to serve as a preventative measure relating to CSA.

The research problem is encapsulated in the research objectives which are as follows:

- To provide a theoretical foundation for the development of a board game to serve as preventative measure for CSA by a thorough literature review about the sexually abused child, especially in a multi-ethnic society; the development and use of board games; the different preventative measures against CSA – specifically related to the child in the middle childhood years.
- To develop a board game to serve as preventative measure for sexual abuse, for the child in the middle childhood years, specifically the grade four child.
- As the board game will be part of the HOOC campaign, it will be referred to as the HOOC board game.
- To apply, evaluate and adapt the HOOC board game.

- To evaluate the effectiveness of the adapted HOOC board game.
- To utilise the HOOC board game on grade 4 children in the Western Cape and to describe the results comprehensively in order to make recommendations.

The research approach, Intervention Research, provides a structured guideline on the practice application of research. This approach accommodates the literature review as part of the research process and therefore provides a comprehensive, integrated version of the research process in totality. Within the discussion of the research approach; data collection methods, sampling and the data gathering mechanisms will also be discussed.

7.2 INTERVENTION RESEARCH

The rationale for the application of intervention research within this study can be linked to the fact that it is a research methodology that links knowledge and practice. It provides a conceptual and methodological stance that accommodates the specific questions posed in this study.

The following questions guided the researcher for this study:

- What is the nature of the current knowledge base with regards to board games as preventative measure and what further research is needed to improve the service professionals deliver to children in this regard?
- What is the nature of aspects of prevention that professionals / parents / educators view as problematic with reference to CSA?
- What is the relationship between the modality of prevention used and effective preventative measures?
- What need will the newly developed board game for grade 4 children in South Africa address?

The questions for this study address a specific need for research methodology that combines theory and practice. To illustrate the applicability of this approach, it will be comprehensively discussed in the next section.

7.2.1 The Intervention Research Approach

Intervention Research is defined as studies carried out for the purpose of conceiving, creating and testing innovative human service approaches to prevent or ameliorate problems, or to maintain quality of life (De Vos 2002:396). According to Rothman and Thomas (1994:3) there appears to be three main types of endeavours that reflect that intent: intervention knowledge development (KD), intervention knowledge utilization (KU) and lastly, intervention design and development (D&D). Although these approaches differ in some respects, they also share common features, including, in particular, a set of steps of interconnected activities that are intended to guide researchers and practitioners to develop innovative interventions for effecting change in problem situations that relate to human service.

Intervention Knowledge Development (KD) refers to the empirical research to extend knowledge of human behaviour relating to human service intervention. KD is an aspect of applied research and of general social and behavioural science research. KD and more conventional research, whether basic or applied, have clear similarities and both may provide knowledge having potential practical application. In KD there is a distinct effort to create findings that will apply to the understanding and/or solution of practical problems. The questions asked in KD are more instrumental and practical, and the phenomena studied are generally more closely related to interventive problems than is typically the case with more basic research. The findings of KD research generally provide fuel for further phases of intervention research or other practical use. However, as a facet of intervention research, KD is a distinctive activity with its own objectives, methods and outcomes. (Rothman & Thomas 1994:5-6.)

The activities of intervention knowledge utilization (KU) consist of means of converting knowledge from the theory and empirical research of social and behavioural science to knowledge having an application thrust. Such applications as changes in the understanding or practices relating to populations, problems, or interventions in human service can be accommodated in this facet of intervention research. (Rothman & Thomas 1994:7.)

Intervention Design and Development (D&D) embraces several different approaches that seek to construct a systematic methodology for evolving human services intentions. D&D is paramount in the process as it is the point at which innovative human service intentions are evolved, and it is often a culminating activity that the other facets precede and lead up to. D&D has its own objectives, methods, and results. This facet of intervention research can be carried out as an independent enterprise, except for KU that generally occurs in the formative stages of most D&D projects. (Rothman & Thomas 1994:7.)

Each type of intervention research thus has its own integrity and distinctness, yet each is a facet of intervention research, inasmuch as the objects of concern in each relate to an aspect of human service intention. Table 7.1 depicts a summary of the selected differences between KD, KU and D&D (Rothman & Thomas 1994:7.)

Table 7.1 Selected Differences between KD, KU and D&D

Areas of Difference	Facets of Intervention Research		
	Knowledge Development (KD)	Knowledge Utilization (KU)	Design and Development (D&D)
Objectives	To contribute knowledge of human behaviour	To apply knowledge of human behaviour	To evolve new human service technology
Methods	Conventional social and behavioural science research methods	Transformation and conversion of available knowledge into application concepts and theories relevant to given target populations, problems, and intervention methods	Emerging methods include the means of problem analysis, intervention design, development, evaluation and dissemination and related techniques
Outcomes	Information about human behaviour in the form of concepts, hypotheses, theories, and empirical generalizations	Such applications as changes in the understanding or practices relating to populations, problems, or interventions in the human service	Such technical means of achieving human service objectives as assessment and intervention methods; and service programmes, systems, and policies

(Rothman & Thomas 1994:7)

Although there are critical differences in these endeavours' objectives and methodologies, they have a dual commonality: they are in the genre of applied research and have a specific intervention mission. As applied research, all three are directed toward shedding light on or providing possible solutions to practical problems. It is this common focus on questions of intervention that provides a basis for bringing together these three types of research and inquiry as facets of intervention research. (Rothman & Thomas 1994:3-4.) For the purpose of this study, the Intervention Design and Development (D&D) will be discussed.

In discussing the components of D&D more substantively, the following characteristics of D&D, as applicable within this study, can be distinguished (Rothman & Thomas 1994:6-14):

- D&D has its own objectives, methods, and results, as indicated in Table 7.1. It can therefore be carried out as an independent enterprise.
- The process of designing and developing interventions of D&D typically involves drawing on many sources of information. The researcher may therefore incorporate related technology, legal policy, practice innovation, personal and professional experience within the research process.
- D&D has emerged as an explicit paradigm, largely out of frustrations with the inability of conventional research methods to guide the generation of human service interventions.
- D&D may be conceptualised as a problem-solving process for seeking effective interventive and helping tools to deal with given human and social difficulties. D&D is a process that is systematic, deliberate, and immersed in research procedures and techniques.
- The aim of the D&D model is to produce workable human service technology, rather than knowledge that can be generalised *per se*. Interestingly, the methods of D&D are more akin to the field of engineering than to the traditional behavioural sciences.

- Instead of emphasizing the interrelationships of variables, as in conventional research, the primary focus throughout D&D is on the interventive technology (the new board game) to be evolved.
- In this connection, a key difference is that D&D takes as its original point of departure a given real-world problem and practical goal, rather than a hypothesis to be tested or a theory to be explored.
- The identification of the problem to be addressed is not necessarily the responsibility of the D&D researcher. The focal problem may be identified by persons / professionals - like psychologists, social workers, police, educators - involved in the field. The D&D researcher acts as facilitator within this process.

The D&D model is a phase model consisting of six phases, according to De Vos (2002:397):

- Problem analysis and project planning.
- Information gathering and synthesis.
- Design.
- Early development and pilot testing.
- Evaluation and advanced development.
- Dissemination.

Each of these phases, in turn, comprises of a series of steps or operations. These phases, as well as the operations, as accommodated within this study, are illustrated in Table 7.2.

Table 7.2 Phases and Operations of Intervention Research

PHASES IN THE DESIGN AND DEVELOPMENT MODEL WITHIN INTERVENTION RESEARCH					
Problem Analysis and Project Planning	Information Gathering and Synthesis	Design	Early Development and Pilot Testing	Evaluation and Advanced Development	Dissemination
Identify and motivate the population	Use existing information sources by a thorough literature review	The researcher consulted a few experts in the Helderberg region to act as observational and feedback system. Self-monitoring and self-reporting measures were incorporated by the researcher.	Develop a prototype board game and select preliminary procedures	Select an experimental design – the Classic Experimental Design is used for the evaluation.	Prepare the board game for dissemination by choosing a brand name, establishing a price and setting standards for use
Gain entry and co-operation from the Western Cape Education Department and principals of the selected schools	Gathering information from professionals in private practice by using snowball sampling.	Specify the concepts, procedures, boundaries and target group of the prototype board game	Conduct a pilot test with 30 grade 4 learners	Collect and analyse the data from 2000 grade 4 learners	Identify potential markets for the board game
Identify the concerns of the population: identify problems professionals experience in the field by a literature review, consultations.	Identify effective and functional elements within existing board games by a literature review and by studying the current market		Apply the design criteria to the prototype board game	Refine the board game	Create a demand for the board game by advertising and consultations

Analyse the identified concerns by studying identified problem areas					
Set goals and objectives for the board game					

Table 7.2, according to Rothman and Thomas (1994:28), depicts the phases and operations of intervention research and is applicable to this study. The information contained in Table 7.2 will be discussed in more detail in an attempt to systematically introduce the phases and activities associated with this study.

7.2.1.1 Phase one: Problem Analysis and Project Planning

Several operations have been particularly critical to the problem analysis and project planning phase: identifying and involving clients, gaining entry and cooperation from settings, identifying concerns of the population, analysing identified problems, and setting goals and objectives. Each operation involves collaboration between the researcher and clients, helping gain the cooperation and support necessary for conducting intervention research. (Rothman & Thomas 1994:27.) The methods and orientation employed by the researcher within intervention research are summarised in Table 7.3 and will be discussed accordingly.

Table 7.3 Phase one: Problem Analysis and Project Planning

Operation utilised within Phase one	Specific application within the context of this study	Research objective reached/ research question answered
Identifying and involving clients	The researcher consulted professionals working in the field of child sexual abuse, as well as experts in the field. The researcher also documented her own experience.	Preparation for the attainment of objective 1 (see chapter 1, objective 1.4.2.1)
Gaining entry and cooperation from	Gain entry and co-operation from the	Preparation for the attainment of

settings	Western Cape Education Department, as well as the principals of the selected schools. Grade four educators were also consulted.	objective 1 (see chapter 1, objective 1.4.2.1)
Identifying concerns of the target population	A focus group discussion was organised where experts identified problems. The researcher consulted several experts working in the relevant communities, as well as principals and educators.	Preparation for the attainment of objective 1 (see chapter 1, objective 1.4.2.1)
Analysing concerns or problems identified	Compare the literature review with the outcomes of the discussions with experts, the community and the focus group	Preparation for the attainment of objective 1 (see chapter 1, objective 1.4.2.1)
Setting research goals and objectives	Conduct a thorough problem analysis concerning the research goal and objectives to formulate a research question	What is the nature of the current knowledge base with regards to board games as preventative measure and what further research is needed to improve the service professionals deliver to children in this regard?

Each operation in Phase one was specifically applied within the context of the study. A detailed discussion of each of these operations will follow.

Phase 1 – Operation 1: Identifying and involving clients

Intervention researchers, according to Rothman and Thomas (1994:27-29), choose a constituency or population with whom to collaborate whose issues and problems are of current or emerging interest to clients themselves, researchers, and society. In collaboration with the project's clients, researchers identify the specific targets and goals of the intervention. Research that addresses the critical strengths and problems of important constituencies has a greater chance of receiving support from the target population, professional community, and general public.

The researcher conducted this operation within Phase one to establish a profile of the current dynamics and trends within the field of CSA. The identification and engagement of the participants

and target population for this study involved several processes. It was vital to establish the target population before the concerns and needs of the population could be identified.

After a thorough literature review, several consultations with experts in the field, people from the community, educators, documentations from the researcher's own experience, and negotiations with the Department of Community Safety, the target population was established. The target population for the development of a board game as preventative measure against sexual abuse, was identified as grade four learners in the Western Cape. The grade four learners had to be within 9 – 12 years of age.

Phase 1 – Operation 2: Gaining entry and cooperation from the settings

Key informants can explain local ways to researchers and introduce them to gatekeepers who control access to the setting. Before approaching an agency or group, researchers should know something about its clients, goals, policies, staff, and programmes. Conversations with key informants help researchers understand what they have to offer and how to articulate the benefits from potential participants and members of the group or organization. (Rothman & Thomas 1994:29.)

Successful intervention researchers form a collaborative relationship with representatives of the setting by involving them in identifying problems, planning the project, and implementing selected interventions. Collaboration helps provide a sense of ownership of the investigation. By working together with those who can facilitate access, researchers gain the cooperation and support necessary to conduct intervention research. (Rothman & Thomas 1994:29.)

The application of these guidelines were implemented by the researcher as follows:

The researcher conducted a thorough literature review to establish the necessary knowledge and background regarding the different concepts discussed in this study. The problems and limitations identified in the literature review, were discussed with several experts working in the field of child CSA. Some of the experts consulted were Dr Mariëtte van der Merwe (Social Worker specializing in Play Therapy with traumatised children), Mr Eugene Patentia (Resources Co-ordinator at RAPCAN – Resources Aimed at the Prevention of Child Abuse and Neglect) and Captain Ena du Plessis (Crime Information Analysis Centre).

The researcher liaised with the Research Directorate of the Western Cape Education Department to obtain written consent to conduct research within the schools of the Western Cape. Refer to Addendum B for the consent provided by the Western Cape Education Department. The principals of the 20 selected schools were contacted and the research procedures were thoroughly explained to them. Permission was obtained from the principals to conduct the research within these schools (Refer to Addendum C). The researcher liaised with the grade four educators as well and visited the schools in order to familiarise herself with the environment.

Phase 1 – Operations 3 & 4: Identifying and analysing concerns of the target population

The researcher avoided imposing external views of the problem and possible solutions. It was vital that the researcher attempted to understand the issues of importance to the target population and then incorporate experts in the field. (Compare Rothman & Thomas 1994:29.) By providing this opportunity for the target population to identify issues and weigh their importance, control of the research is extended to those most affected. Thus, ensuring that the real problem is targeted and that possible solutions are applicable within the specific context.

A critical aspect in this phase, according to Rothman and Thomas (1994:30), is to determine the discrepancy between 'ideal' and 'actual' conditions that define the problem. It is also necessary to determine whose behaviour (or lack thereof) 'caused' the conditions that people label as the problem, as well as whose behaviour (or lack thereof) 'maintains' the problem. This analysis helps to frame societal problems in terms of the behaviour of key actors and the resulting outcomes or conditions that people label as problems. This analysis shines the lantern beyond those typically blamed for the problem to others in the immediate or broader environment. Answers to these and other related questions help guide the choice of intervention research goals.

The process of identifying concerns was initiated by organising a focus group consisting of a diverse variety of professionals working in the field of CSA to identify and analyse concerns regarding CSA and possible preventative measures. The results from the focus group discussion with these professionals, as conducted on 2 December 2003, are as follows:

- The focus group discussion was attended by 10 experts ranging from social workers specializing in CSA, social workers specializing in preventative work, psychologists in

private practice, psychologists specializing in school psychology and more academic oriented psychologists. The Department of Community Safety was also represented.

- The vastness of CSA and its devastating effects were discussed on a global and national level. The group recommended effective interventions to combat this increasing problem.
- The different concepts of preventative work were discussed and the group strongly emphasised that the concept of stranger danger must be avoided.
- It was mentioned that the intervention to be developed, must be equipped with appropriate instructions to empower the facilitator (whether an educator or therapist) during implementation.
- The concept of ethical conduct within research was discussed. This resulted in a lengthy debate regarding whether parents should provide consent for preventative interventions at schools. The problem remains, however, that the parent of an abused child could possibly refrain the child from participating in abuse-related programmes due to the fear of possible disclosures.
- The differences between ethnic groups, and the cultural differences within ethnic groups, were discussed. An intervention developed to be distributed among three different ethnic groups must accommodate their differences.

The prominent concerns were as follows:

- The current response to the scope of the problem of CSA remains inadequate.
- More knowledge, education and research in South Africa are needed.
- No substantial literature regarding play-related preventative measures or any relevant board games are available in South Africa.

- No cost-effective board games are available in South Africa which can be used as preventative measures.
- The professional working in the field of CSA do not have a practical play-related preventative intervention tool.

By implementing the focus group, the research could distinguish between the ideal and actual conditions defining the problem. From the discussions several of the posed questions regarding the 'causing' and 'maintaining' of the problem, could be answered.

Phase 1 – Operation 5: Setting research goals and objectives

A final operation in this phase is setting goals and objectives. Goals refer to the broad conditions or outcomes that are desired by the community of interest. Objectives refer to those more specific changes that contribute to the broader goal. (Rothman & Thomas 1994:31.) The research goal and research objectives for the development of a board game as preventative measure were formulated, as mentioned in Chapter One (see 1.4).

7.2.1.2 Phase two: Information Gathering and Synthesis

When planning an intervention research project, it is essential to discover what others have done to understand and address the problem. The operations within this phase are illustrated in Table 7.4:

Table 7.4 Phase two: Information Gathering and Synthesis

Operation utilised within Phase two	Specific application within the context of this study	Research objective reached/ research question answered
Using existing information sources	Use existing information sources by a thorough literature review	Objective 1 (see chapter 1, objective 1.4.2.1)
Studying natural examples	Gathering information from professionals in private practice by using snowball sampling to establish a profile regarding existing preventative measures used by professionals. Analyse the current board games by conducting a	Objective 1 (see chapter 1, objective 1.4.2.1)

	literature review and by studying the current market	
Identifying functional elements of successful models	Analyse the critical features of the existing literature and existing board games that have previously addressed the issue of CSA. This enables the researcher to identify potential useful elements for the development of the board game.	Objective 1 (see chapter 1, objective 1.4.2.1) Preparation for the attainment of objective 2 (see chapter 1, objective 1.4.2.2)

Phase 2 – Operation 1: Using existing information sources

Intervention researchers must, according to Rothman and Thomas (1994:32), look beyond the literature of their particular fields. This is essential since societal problems do not confine themselves neatly to the disciplines of psychology, social work, education, public health, or other bodies of knowledge or practice. Thus, intervention research must contribute to both the 'scholarship of discovery' – the generation of new knowledge about behaviour-environment relations – and the 'scholarship of integration' – establishing new linkages between concepts and methods of various disciplines.

The researcher conducted a thorough literature review regarding all related concepts on the development of a board game as preventative measure against the sexual abuse of grade four learners. As mentioned in Chapter One, the University of South Africa and the University of Stellenbosch provided a detailed biographical list of all possible resources regarding the sexually abused child, as well as preventative intervention programmes to address this phenomenon. All disciplines were included in this search – the psychological, medical, social work, educational and psychiatric areas. Chapters Two to Six provide a comprehensive discussion of the literature review. The essence of the literature review was that a linkage between the applicable concepts, methods, principles, processes and elements for the development of a board game from various disciplines could be established.

Phase 2 – Operation 2: Studying natural examples

A particularly useful source of information is observing how professionals faced with the problem, or a similar problem, have attempted to address it. Interviews with people who have actually

experienced the problem, such as clients, or those with knowledge about it, such as service providers, can provide insights into which interventions might or might not succeed, and the variables that may affect success. (Compare Rothman & Thomas 1994:32.)

The researcher used snowball sampling to obtain information from professionals working in the field of CSA. The aim with the sampling was to obtain information regarding the measures and techniques professionals utilise within their work to address the dire need in the field of CSA. Snowball sampling, according to Babbie and Mouton (2001:167), is a non-probability sampling technique. Snowball sampling is appropriate when the members of a special population are difficult to locate. This procedure is implemented by collecting data on the few members of the target population the researcher can locate, and then asking those individuals to provide information needed to locate other members of that population whom they happen to know. Snowball refers to the process of accumulation as each located subject suggests other subjects. As this procedure also results in samples with questionable representation, it's used primarily for exploratory purposes. The researcher contacted 32 professionals by using snowball sampling. Questionnaires were sent to them (refer to Addendum A). The results of the questionnaires are indicated in Table 7.5:

Table 7.5 Results of Exploratory Study Amongst CSA Professionals

Question posed to Professional	Category	Results
Discipline of Professional	Social Worker	34 %
	Psychologist	56%
	Play Therapist	4%
	Other	6%
Age groups Professional works with primarily	1 – 6 year olds	41%
(more than one group may be indicated)	6 – 12 year olds	78%
	12 – 18 year olds	56%
	18 year olds & older	34%
Daily work consists primarily of these activities	Consultative work	41%
(more than one group may be indicated)	Therapeutic work	69%
	Preventative work	22%
	Other	13%
Uses these resources during consultations	Books	78%

(more than one group may be indicated)	Toys/Clay/Sand/Water	59%
	Board Games	25%
	Questionnaires & Scales	47%
Do you think there are sufficient effective board games in South Africa which could be utilised in therapy and as preventative measures, specifically in the area of CSA?		Yes= 0% No= 100%

The professionals that responded to the questionnaires are actively involved in the field of CSA, and work primarily with children in the middle childhood years (as indicated in Table 7.5). These professionals could not indicate any board games in South Africa specifically relating to CSA. As these professionals indicated that they use board games as resource only 25% of the time, this could be linked to the non-availability of board games for specialised groups in South Africa.

Through a thorough literature review on all available media and consultations with several experts in various disciplines, the researcher studied the board games currently available in South Africa. As was practically possible, the researcher contacted several international distributors regarding board games available only on the international market as well.

Phase 2 – Operation 3: Identifying functional elements of successful models

Once information is gathered, the researcher can analyse the critical features of the existing literature and existing board games that have previously addressed the issue of CSA. This enables the researcher to identify potential useful elements for the development of the board game. The following questions are formulated from the literature to identify the functional elements from successful board games:

- Is there a specific board game that was successful in other contexts or other disciplines?
- Is there a board game that was unsuccessful and what contributed to that failure?
- Which aspects are vital for the success (or failure) of a board game, referring to context, characteristics, environmental factors?
- Which specific procedures are utilised within this board game?

By studying successful and unsuccessful models that have attempted to address the problem, according to Rothman and Thomas (1994:33), the researcher identify potentially useful elements of intervention. The researcher, for the purpose of this study, could observe and study existing board games and potentially could identify functional elements for the development of a board game as preventative measure against the sexual abuse of grade four learners.

In the information-gathering phase, varied types of data serve as the basis for intervention development. This includes theoretical as well as practical information. Other types of data are also relevant and include scientific technology, allied technology, legal policy, indigenous innovation (South African context), practice, personal experience, and professional experience. The researcher may also carry out original research that is topic- or locality- specific to shed light on the research problem. (Rothman & Thomas 1994:12-13.)

One or more types of information may be relevant to any particular design task, although there is often a primary type of information with possible supplementary sources. Since the information (or resource) of a given type cannot generally be used in its raw form in design, the information (or resource) must be transformed so that the results or products may be incorporated directly in the design process. Transformation may be thought of in this study as the process whereby context-specific information from other disciplines are incorporated in the knowledge base of Psychology. This synthesis of existing knowledge helps to guide design and developmental activities. (Rothman & Thomas 1994:13.)

The researcher's aim with the observation and studying of various different board games, was not to criticise and question the rationale of these board games or their distributors. This study, in order to be comprehensive and integrated, needs to address and incorporate all available board games. The researcher is assessing these board games' functional elements within the specific model she aims to develop (see Chapter Six).

The value of the gathered information - obtained through observation, consultations and a literature review – are determined in the following phase when it will be utilised to develop a new board game. The gathering of information does not end here, but continues in phase three – Design.

7.2.1.3 Phase three: Design

Two types of products result from intervention research, according to Rothman and Thomas (1994:33-34): (1) the research data that may demonstrate relationships between the intervention and the behaviours or outcomes that define the problem of interest, and (2) the intervention – which may include a strategy, technique or programme; informational or training materials; environmental design variables; a motivational system; a new or modified policy; or other procedures. There are two particularly important operations during this phase which are illustrated in Table 7.6:

Table 7.6 Design

Operation utilised within Phase three	Specific application within the context of this study	Research objective reached/ research question answered
Designing an observational system	The researcher consulted a few experts in the Helderberg region to act as observational system as well as feedback system. Self-monitoring and self-reporting measures were incorporated by the researcher as well during the process of development.	Preparation for the attainment of objective 2 (see chapter 1, objective 1.4.2.2)
Specifying procedural elements of the intervention	Specify the boundaries, procedures and target group of the prototype board game	Preparation for the attainment of objective 2 (see chapter 1, objective 1.4.2.2)

Phase 3 – Operation 1: Designing an observational system

As mentioned in Chapter One, researchers must design a way of observing events related to the phenomenon naturally, a method system for discovering the extent of the problem and detecting effects following the intervention (De Vos 1998:393). The observational system is closely linked to the process of designing an intervention and serves as a feedback system for refining early prototypes. Rothman and Thomas (1994:34) emphasise that clients, especially those affected by the issue, should be involved in specifying the behaviours and environmental conditions that need to be changed (and observed).

Once the focus of change has been identified, it is necessary to define these behavioural events in ways that can be observed. The observational system consists of the following three working parts (De Vos 2002:408):

- Definitions of the behaviours or products associated with the problem are defined in operational terms.
- Examples and non-examples of the behaviours or products are provided to help discern occurrences of the behaviour or product.
- Scoring instructions are prepared to guide the recording of desired behaviour or products.

The researcher observed the phenomenon of CSA since 2002 as she was working with abused children on a daily basis. Consulting colleagues and several other experts assisted the researcher in detecting the extent of the problem, as well as the effects of it. The researcher has been specializing in the field of Play Therapy since 2002 and has been utilising different media in therapy with children. The researcher utilised board games on a frequent basis to determine the possible effects the board game as intervention tool produces.

As the observational system is closely linked to the process of designing the intervention (board game), the researcher consulted a few experts in the Helderberg region to act as observational system as well as feedback system. Self-monitoring and self-reporting measures were incorporated by the researcher as well during the process of development. By using these measures the researcher could establish relationships between environmental changes and behaviours related to the problem. The feedback from the observation system helped to guide the selection of procedures and their refinement.

Phase 3 – Operation 2: Specifying procedural elements of the intervention

By observing the problem and studying naturally occurring innovations and other prototypes, the researcher could identify procedural elements for use in the development of the board game as intervention. These procedural elements must be specified in sufficient detail to be replicated,

when trained, by others. The procedural elements of this intervention will become part of the eventual board game, which will be the final product of this research.

7.2.1.4 Phase four: Early Development and Pilot Testing

During the early development and pilot testing phase, a primitive design is evolved to a form that can be evaluated under field conditions. This phase includes the important operations of developing a prototype or preliminary intervention, conducting a pilot test, and applying design criteria to the preliminary intervention concept. (Rothman & Thomas 1994:36.) The operations are illustrated in Table 7.7:

Table 7.7 Early Development and Pilot Testing

Operation utilised within Phase four	Specific application within the context of this study	Research objective reached/ research question answered
Developing a prototype or preliminary intervention	Develop a prototype board game and select preliminary procedures	Preparation for the attainment of objective 2 (see chapter 1, objective 1.4.2.2)
Conducting a pilot test	Conduct a pilot test with 30 grade 4 learners	Preparation for the attainment of objectives 2 and 3 (see chapter 1, objective 1.4.2.2 and 1.4.2.3)
Applying design criteria to the preliminary intervention concept	Apply the design criteria to the prototype board game	Objectives 2 and 3 (see chapter 1, objective 1.4.2.2 and 1.4.2.3)

Phase 4 – Operation 1: Developing a prototype board game

At this stage in the design process, preliminary intervention procedures are selected and specified. A prototype is also developed for the pilot testing. According to Rothman and Thomas (1994:36) the researcher must obtain feedback from the consumers and implementers to help refine and simplify the prototype.

The prototype board game developed thus far by the researcher has the following characteristics:

- The board game is the size of an A4 page with a cartoon-like figure printed on it.

- The figurine's body is coloured according to the traffic light concept. These colours indicate areas for appropriate and inappropriate touching on the body. Red areas indicate danger zones, orange areas indicate cautionary zones and green areas indicate safe zones.
- The figurine's body is divided into 38 blocks with different categories. The aim of the game is to proceed from the first block to the last block. The player who arrives there first, is the winner. The player who throws the highest dice begins the game. The player on her left plays next.
- There are three different categories of blocks. The first category is blocks with information statements – the player needs to indicate whether the statement is true or false. The second category is blocks with questions – the player needs to answer the questions. The third category is blocks known as 'remember-blocks' – these blocks contain information the player must read aloud and try to remember.
- For a correct answer, the player can move two blocks ahead. For an incorrect answer, the player must move back one block. Any player may then take a chance to answer – one move forward for a correct answer, without having to carry out the demands of the new block.
- The answers for the blocks are indicated along the side of the board game. One to six players can play the board game.
- The board game is available in Afrikaans, English and isiXhosa.

The researcher's aim was to develop an age-appropriate board game for the nine to twelve year old learner. It was envisioned that the role of a facilitator is minimal during the play of this board game.

Phase 4 – Operations 2 & 3: Conducting a pilot test & applying design criteria to the prototype board game

Pilot tests are designed to determine whether the board game will work and are implemented in settings convenient for the researcher and somewhat similar in ones in which the board game will

be used. According to Rothman and Thomas (1994:37) these pilot tests help to determine the effectiveness of the board game and identify which elements of the prototype board game may need to be revised. It is also emphasised that the pilot testing provides the first elements of substantiation and reality contact for the application concept (Rothman in Strydom 2002b:218).

A proportionally representative sample of thirty learners, from the population of learners between nine and twelve years who are currently in grade four in the Western Cape, was selected. The participants were randomly selected from schools that have been exposed to the HOOC campaign. These schools are not included in the sample selected for the main investigation of this study. Permission was obtained from the principals of the three schools to conduct the pilot testing. A discussion with each grade four class educator was conducted to determine the exposure these learners have had regarding preventative measures during the last three months. Any known psychopathology; developmental disorder; as well as extremes regarding mental and chronological age, such as mental retardation, were regarded as exclusion criteria.

The researcher tested the board game on this sample of learners. This allowed the researcher to identify any difficulty with the procedures and the material, as well as the accuracy and appropriateness of the data gathering mechanisms to be used in the data gathering phase. The necessary adjustments were made to the board game, and the measuring instruments used as data gathering mechanisms. The pilot study also provided valuable information regarding the different aspects the researcher must keep in mind when training the assistants to effectively implement the board game during the data gathering phase.

7.2.1.5 Phase five: Evaluation and advanced development

Intervention research is distinguished from pure activism by its use of research methods to examine how and why a change programme (in this case a board game) does or does not work. Using pilot tests and field replications to test and refine the intervention sets intervention research apart from mere programme evaluation. (Rothman & Thomas 1994:37.)

There are four major aspects of the evaluation and advanced development phase: selecting an experimental design, collecting and analysing data, replicating the intervention under field

conditions, and refining the intervention. For the purpose of this study, there are three major operations within this phase: selecting an experimental design, collecting and analysing data under field conditions, and refining the intervention. These operations within phase five are illustrated in Table 7.8:

Table 7.8 Evaluation and Advanced Development

Operation utilised within Phase five	Specific application within the context of this study	Research objective reached/ research question answered
Selecting an experimental design	Select an experimental design – the Classic Experimental Design is used for the evaluation	Preparation for the attainment of objective 4 (see chapter 1, objective 1.4.2.4)
Collecting and analysing data under field conditions	Collect and analyse the data from 2000 grade 4 learners in 20 schools	Preparation for the attainment of objectives 4 and 5 (see chapter 1, objectives 1.4.2.4 and 1.4.2.5)
Refining the intervention	Refine the board game	Objectives 4 and 5 (see chapter 1, objectives 1.4.2.4 and 1.4.2.5)

Phase 5 – Operation 1: Selecting an experimental design

Experimental designs, whether single-subject or between-group designs, help demonstrate causal relationships between the intervention (in this case the board game) and the behaviours and related conditions targeted for change. Factors affecting design choice include the goals and magnitude of change sought by clients, the types of behaviours and the desired immediacy of changes, the stability of the setting or context, and the goals of research. (Rothman & Thomas 1994:37; De Vos 2002:412.)

The Western Cape is categorised into seven different geographical metropolises. Each metropole has one EMDC (Education Management and Development Centre). As the study was conducted in Metropole East, it is bold printed in Table 7.9. According to Sinden (2004) from the Western Cape Education Department the distribution of grade four learners according to their language of instruction in each metropole are illustrated in Table 7.9:

Table 7.9 Grade Four Learners per Metropole

Metropole	Language of instruction	Grade fours	Total per Metropole
Central	Afrikaans	1583	
Central	English	3602	
Central	isiXhosa	1573	6758
East	Afrikaans	4536	
East	English	1055	
East	isiXhosa	6218	11809
North	Afrikaans	6535	
North	English	3431	
North	isiXhosa	1246	11212
South	Afrikaans	3450	
South	English	4130	
South	isiXhosa	5267	12847
Overberg	Afrikaans	6429	
Overberg	English	197	
Overberg	isiXhosa	1050	7676
Southern Cape/Karoo	Afrikaans	6502	
Southern Cape/Karoo	English	314	
Southern Cape/Karoo	isiXhosa	1431	8247
Westcoast/Winelands	Afrikaans	7609	
Westcoast/Winelands	English	337	
Westcoast/Winelands	isiXhosa	1079	9025

The researcher selected a proportionally representative sample of approximately 2000 learners from the population of learners between nine and twelve years who are currently in grade four in 20 of the Western Cape primary schools within metropole East. All these schools have been exposed to the HOOC campaign. The researcher used stratified random sampling to select 500 learners as experimental group. Strydom and Venter (2002:205) emphasise that this kind of sample ensures that the different group or segments of a population acquire sufficient representation in the sample. Larger samples were taken from larger strata and smaller samples from smaller strata.

The researcher ensured that all procedures were in place before any data collecting started. She familiarised herself with the different environments, principals and class educators. The researcher also ensured that a proper referral strategy was in place before initiating the intervention.

Phase 5 – Operations 2 & 3: Collecting and analysing data under field conditions

During this operation the researcher collected and analysed the data continuously. Ongoing graphing of the behaviour and related outcomes helped to determine when the board game should be implemented and whether supplemental procedures were necessary.

As mentioned in Chapter One, the researcher made use of assistants to aid in conducting the research. Seven assistants were recruited and selected in co-operation with the PATCH Child Abuse Centre in Somerset West. The assistants were trained in several preventative concepts – including the HOOC campaign, the correct use of the HOOC board game and appropriate ways of managing any possible situations emerging from the interventions. The assistants have experience in working with children in a cross-cultural context.

Each class was randomly divided in two groups by the researcher – an experimental and control group. Before the board game was played, the pre-testing was conducted during one session in class format. The pre-testing conducted in group format in the class room, with assistance from the class educator, consisted of a compilation of the following instruments:

- The Children's Knowledge of Abuse Questionnaire-Revised (CKAQ-RIII)
- The What-If Situation Test (WIST)
- A multiple choice-questionnaire regarding networks

The pre-testing was presented in printed form and read aloud by the researcher. Precaution was taken to ensure that the respondents cannot see each others' responses. The psychometric instruments were used in such a way that it enhanced a relationship of trust between the researcher and the children in an informal non-threatening way.

After the pre-testing, the researcher introduced the board game to the experimental group. The board game session took place in a separate venue, each assistant intervening with a group of six learners. In an attempt to minimise external factors impacting the children, the experimental and control groups were separated until the post-testing was completed. The children in the experimental groups were again psychometrically assessed on the same day with the same battery, although items were sequentially varied. Refer to Table 7.10 for a visual representation of the data collection phase.

The experimental and control groups were again assessed after six weeks to monitor the long term effects of the programme. For all learners, parallel versions of the instrument were used in which the order of the questionnaires as well as the items were varied randomly.

Table 7.10 Data Collection Phase

	Experimental (n=500)	Control (n=2000)
Pre-test	✓	✓
HOOC Board Game	✓	
Post Test	✓	
Post Test (6 weeks)	✓	✓

To obtain optimum results, the location was familiar to the children, private and relatively quiet. According to the language preferences of the participants, the board game was conducted in Afrikaans, English or isiXhosa (with the use of a trained interpreter). The measuring instruments, as part of the data gathering mechanisms, were also translated into the three languages.

The Measuring Instruments

The researcher compiled a 40-item questionnaire from two standardised psychometric instruments. A brief description of the various psychometric instruments will follow:

- *The Children's Knowledge of Abuse Questionnaire-Revised (CKAQ-RIII)*

The standardised Children's Knowledge of Abuse Questionnaire (CKAQ) was developed by Tutty to assess the knowledge levels of sexual abuse prevention concepts of children aged six through twelve. Tutty (2000:283) adds that the scale was developed to test the major sexual abuse prevention concepts offered by a range of programmes rather than being programme-specific.

An extensive review of child abuse prevention programmes and research provided information for the construction of the items. The CKAQ was designed so that children with no previous exposure to prevention materials could understand the questions. The instructions provide a description of good, bad, and confusing touches, since, without this information, the questions could not have been understood by children with no previous exposure to prevention concepts. It must be noted, however, that the information contained in the instructions constitutes a mini-lecture on prevention and might have influenced children's scores on subsequent usage of the measure. (Tutty 1992:375.)

The test utilises a true-false format. The CKAQ originally consisted of 35 items, however another five more 'complex' items were added for children in grades 3 and 6, to avert concerns about a possible ceiling effect. It begins with items about assertiveness with peers, non-sexual touch, and attitudes regarding strangers. These areas were expected to be relatively familiar to children and were intended to establish a comfortable response to set the questionnaire. Items in reference to sexual abuse and the possibility that familiar people might touch children in confusing or uncomfortable ways were situated toward the end of the measure. (Tutty 1992:375; Tutty 1994:184.)

In order to compensate for younger children's lack of reading ability at the appropriate level, the CKAQ is usually administered verbally and individually to the lower grades. To ensure comparable results, the test must also then be verbally administered to learners in the higher grades. (Tutty 1994:184.)

The CKAQ was revised by Tutty (1997:873) to 33 items. The revised scale consists of Inappropriate and Appropriate Touch Subscales. The former includes concepts that represent the major focus of most abuse prevention programmes: different kinds of touch and permission for children to tell if they are uncomfortable, for example. (Tutty 2000:283.) The questionnaire has been revised on several occasions since the initial development and is currently known as the CKAQ-RIII. The CKAQ-RIII has strong psychometric properties. The revised version includes a new 9-item subscale on Appropriate Touch, including such issues as the fact that sometimes

doctors may need to see a child's private parts, and that if lost, it is appropriate to ask a security guard for help even if he is a stranger. The 24-item Inappropriate Touch Subscale consists of the strongest items identified by factor analysis from the 40-item original scale. The internal consistency (*KR-20*) is an alpha of .87, strong internal reliability. Item-to-corrected-total correlations were above .300, clearly in the range suggested as acceptable by Nunnally (in Tutty 1997:873). One month test-retest reliability was established as .88. Norms for the Inappropriate Subscale show no significant differences in scores on the basis of gender for any age-group of children, nor was the overall effect of gender significant. Differences on the basis of age did, however, reach statistical significance such that the younger children had consistently lower scores on the measure than older children. (Tutty 1997:873.)

Tutty (1994:186) also states that the pre-test with the CKAQ-R does not sensitise children so that improvements on the post-test is merely a matter of practice. She conducted a study on a large group of children that demonstrated that improvements on the post-test is not simply a result of having been administered the CKAQ previously. To date, there is psychometric data on only the Inappropriate Touch Subscale.

The researcher used the 33 items of the CKAQ-RIII as part of the compiled questionnaire for this study.

- *The What-If Situation Test (WIST)*

The What-If Situation Test (WIST) was developed by Wurtele to measure young children's abilities to recognise, resist, and report CSA. It is a widely employed self-report instrument (Wurtele, Hughes & Owens 1998:43.)

Wurtele, Hughes and Owens (1998:43) explain that the WIST measures children's ability to recognise and respond in hypothetical abusive situations. This measure contains of six brief vignettes: three describe appropriate requests to touch or look at a child's genitals (for example a physician wanting to touch the child's injured private parts) and three inappropriate requests (for example a neighbour wanting to take pictures of the child's private parts).

In order to determine children's ability to recognise abuse, after each vignette, children are asked 'would it be okay for (person in vignette) to (do activity requested)?' Correct responses receive one point. Responses to the question yield two Recognition scores: (a) an Appropriate Request Recognition score, which measure children's ability to recognise three appropriate requests (range = 0-3) and (b) an Inappropriate Request Recognition score, which measures children's ability to recognise the three inappropriate requests (range = 0-3). For inappropriate request vignettes correctly identified, children were asked:

- a) 'What would you say (to person in vignette)?', (SAY)
- b) 'What would you do?', (DO)
- c) 'Would you tell anyone about (the situation)?', if so, (TELL)
- d) 'What would you say to (person named in situation)?' (REPORT)

Responses to each question receive 0 to 2 points, pending on the effectiveness of the responses. Children's scores on the four personal safety skills (say, do, tell, report) are summed across the three in appropriate-request vignettes for a Total Skill score of 24. The WIST has strong psychometric properties concerning reliability and internal consistency. (Wurtele, Hughes & Owens 1998:48.)

The researcher used two vignettes from the WIST for this study – one from the Appropriate Request Recognition Scale and one from the Inappropriate Request Recognition Scale.

- *A multiple choice-questionnaire regarding networks*

The researcher included multiple choice questions concerning possible reporting agents – requesting the child to indicate to whom she will disclose in the case of possible abuse. The researcher also incorporated a picture where the child had to indicate the private places of a boy and girl wearing swimming costumes.

Statistical Techniques and Methods of Analysis

The data were collected in a primarily quantitative manner. The relationships between various variables were observed. The relationship between the pre-tests of the control and experimental groups concerning knowledge of body awareness were done by using Analysis of Variance

(ANOVA). The relationship between the follow-up test scores between the control and experimental groups, as well as the relationship between control group's scores on the pre- and follow-up tests, were done by using Analysis of Variance (ANOVA). ANOVA is a statistically analysis used when more than two groups are being investigated and is employed to ascertain significant differences between groups (Wilkinson & McNeil 1996:415).

The interaction effect between time, gender and the improvement of knowledge were done by using Repeated Measures. The interaction effect between time, ethnicity and the improvement of knowledge were done by using Repeated Measures. Repeated Measures is used when the same subjects participate in all conditions of an experiment and the relationship between scores in different treatment conditions are calculated (Field 2000:323). Correlations between the results of the CKAQ-RIII on the pre-, post- and follow-up tests were assessed by calculating the Pearson product-moment correlation. The Pearson product-moment correlation indicates the strength of the linear relationship between two variables (Wilkinson & McNeil 1996:422). The analyses were done by using the Statistical Package for Social Science (SPSS) (George & Mallery 1999).

Phase 5 – Operation 4: Refining the intervention

The researcher realised during operations 2 and 3 of phase 5 that minor adjustments need to be made on the board game. Adaptations in the language and content were made to ensure the age-appropriateness of the board game. As the grade four learners' opinions were requested regarding the visual aspects of the board game, a few adjustments had to be made. The researcher realised that repeated tinkering with the board game helps to ensure a reliable product.

7.2.1.6 Phase six: Dissemination

Once the community intervention (in this case the board game) has been field tested and evaluated, it is ready to be disseminated in the community organisations and other target audiences (Rothman & Thomas 1994:39). Several operations help to make the process of dissemination and adaptation more successful: preparing the board game for dissemination, identifying potential markets for the board game, creating a demand for the board game, encouraging appropriate adaptation and providing technical support for the adopters. For the purpose of this study, only the first three operations are applicable and are illustrated in Table 7.11:

Table 7.11 Dissemination

Operation utilised within Phase six	Specific application within the context of this study	Research objective reached/ research question answered
Preparing the product for dissemination	Prepare the board game for dissemination by choosing a brand name, establishing a price and setting standards for use	No objectives concerning dissemination were set as this had to be done in consultation with the Department of Community Safety
Identifying potential markets for the intervention	Identify potential markets for the board game	No objectives concerning dissemination were set as this had to be done in consultation with the Department of Community Safety
Creating a demand for the intervention	Create a demand for the board game by advertising and consultations	No objectives concerning dissemination were set as this had to be done in consultation with the Department of Community Safety

Phase 6 – Operations 1 & 2: Preparing the product for dissemination and Identifying potential markets

In preparing the board game for dissemination, several issues emerge: choosing a brand name, establishing a price, and setting standards for the board game's use. The researcher, in association with the Department of Community Safety, labelled the board game as the HOOC board game as the HOOC logo is printed on the board game and as it forms an integral part of the HOOC prevention programme. Standards for the use of the board game have been established and the training of educators by the researcher are currently negotiated.

As the board game will be distributed by the Department of Community Safety to the primary schools of the Western Cape, establishing a price to penetrate a market segment was not yet necessary. However, the researcher is of the opinion that this needs to be investigated further and that possible marketing strategies and wider distribution still need to be negotiated.

Phase 6 – Operation 3: Creating a demand for the intervention

The researcher, in conjunction with the Department of Community Safety, have been creating a demand for the board game as the board game has been marketed as part of the preventative strategy of the HOOC campaign. The board game has been part of the marketing strategy of the HOOC campaign.

The operations within Phase six are not part of the objectives of this study and therefore the objectives of this study were met by the first five phases of intervention research.

7.3 SUMMARY

The researcher experienced intervention research as an approach enabling her to develop an intervention within a paradigm that supports the human service profession. The Design and Development model (D&D) within intervention research provided a road map for the researcher to apply the methods of research and social science to the needs of practice and policy, and producing a product that is scientifically substantiated.

The flexibility of the approach provided the ideal settings for the development of a board game as it does not focus solely on one health-related discipline, but incorporates the related disciplines as well. The researcher experienced a more holistic view of research within this approach. As this chapter dealt with the methodology used during the process of design and development, the next chapter, Chapter Eight, introduces the empirical results of the research and will therefore deal with the presentation and analysis of the results.

CHAPTER EIGHT

EMPIRICAL VALIDATION

8.1 INTRODUCTION

This chapter presents the findings in the research. The hypotheses guiding this study, as stated in Chapter One, will introduce the discussion. To complement the definition of the sample, the descriptive characteristics of the sample are provided. The hypotheses are statistically tested and other significant correlations identified in the study are highlighted. Findings related to the questionnaire, the CKAQ-RIII, and the related findings are discussed. Qualitative findings conclude the chapter.

8.2 HYPOTHESES

The following research hypotheses guided the study and are discussed in section 8.4. The hypotheses are applicable to the three tests conducted in the research – therefore each hypothesis refers to the pre-, post- and follow-up testing. To avoid repetition, this is not mentioned after each hypothesis :

Hypothesis 0: The experimental group's knowledge of body awareness does not improve significantly.

Hypothesis 1¹: The experimental group's knowledge of body awareness does improve significantly.

Hypothesis 0: There is no significant difference in the improvement of knowledge of body awareness between boys and girls in the experimental group.

Hypothesis 1²: There is a significant difference in the improvement of knowledge of body awareness between boys and girls in the experimental group.

Hypothesis 0: There is no significant difference in the improvement of knowledge of body awareness between the three ethnic groups in the experimental group.

Hypothesis 1³: There is a significant difference in the improvement of knowledge of body awareness between the three ethnic groups in the experimental group.

8.3 DESCRIPTIVE STATISTICS OF THE SAMPLE

The following section provides the descriptive statistics of the sample included in the study. Visual presentations of the total sample (N=1697) divided into the following constructs are provided: control and experimental groups, as well as the respective gender, age, language and ethnic group divisions.

8.3.1 Experimental and Control Groups

Figure 8.1 demonstrates the total sample divided into a control and an experimental group. The total sample (N=1697), consisting of 20 primary schools, was divided into an experimental group (n=407) and a control group (n=1290). The experimental group accounts for 24% of the population and the control group for 76%.

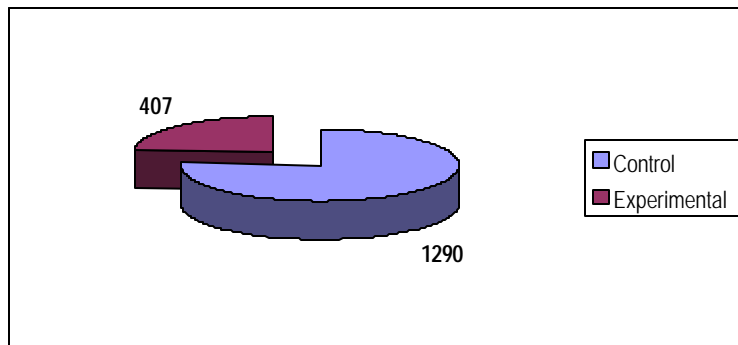


Figure 8.1 The Control and Experimental Group

8.3.2 Gender Distribution

The gender distribution of the total sample, control group and experimental group are demonstrated in Figures 8.2, 8.3 and 8.4.

Figure 8.2 illustrates the gender distribution of the total sample (N=1697) where the boys (n=875) were slightly more than the girls (n=822). The percentage of boys was 51.6% in contrast to the 48.4% girls.

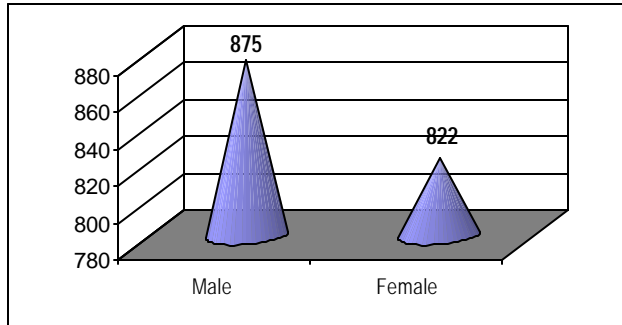


Figure 8.2 The Gender Distribution of the Total Sample

Figure 8.3 demonstrates the gender distribution of the experimental group ($n=407$) where the girls ($n=211$) were slightly more than the boys ($n=196$). The experimental group thus consisted of 51.8% girls and 48.2% boys.

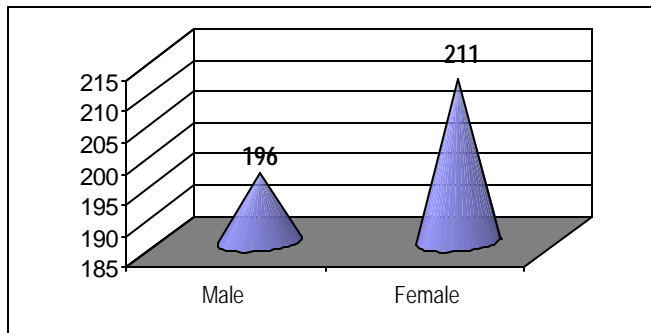


Figure 8.3 The Gender Distribution of the Experimental Group

In figure 8.4 the gender distribution of the control group is reflected. The control group ($n=1290$) consisted of slightly more boys ($n=679$) than girls ($n=611$). The percentage of boys in the control group amounts to 52.6% while the girls amount to 47.4%.

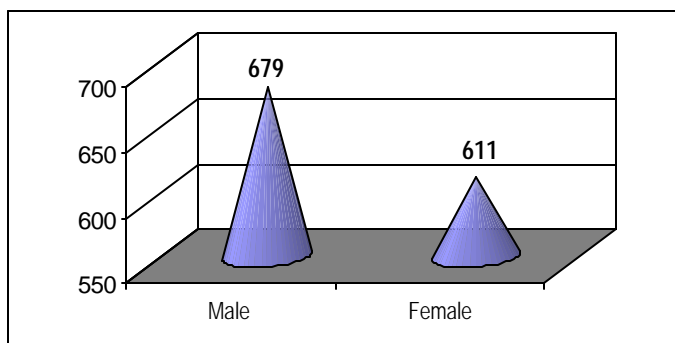


Figure 8.4 The Gender Distribution of the Control Group

8.3.3 Age

In Table 8.1 the data are presented on the distribution of age of the total sample, experimental group and control group.

Table 8.1 Distribution of Age

Age in Years	Total Sample (N=1697)		Experimental Group (n=407)		Control Group (n=1290)	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
9	888	51.1	216	53.1	652	50.5
10	600	35.4	148	36.4	452	35.0
11	166	9.8	28	6.9	138	10.7
12	63	3.7	15	3.7	48	3.7
Total	1697	100.0	407	100.0	1290	100.0

The mean age for the total sample (N=1697) was 9.66 years. The mean age for the experimental group (n=407) was 9.61 while the mean age for the control group (n=1290) was 9.68. The mean age for the experimental group appeared to be slightly lower than the control group's mean age.

8.3.4 Language

Table 8.2 presents the language distribution of the total sample, experimental group and control group.

Table 8.2 Distribution of Language

Language	Total Sample (N=1697)		Experimental Group (n=407)		Control Group (n=1290)	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Afrikaans	818	48.2	199	48.9	619	48.0
English	267	15.7	73	17.9	194	15.0
isiXhosa	612	36.1	135	33.2	477	37.0
Total	1697	100.0	407	100.0	1290	100.0

Table 8.2 indicates that the Afrikaans speaking learners were the majority as they constituted 48.2% of the population. The isiXhosa speaking learners constituted 36.1% while the English speaking learners were lower at 15.7%.

8.3.5 Ethnic Grouping

Figures 8.5, 8.6 and 8.7 indicate the ethnic grouping of the total sample, experimental and control groups. The total sample (N=1697) consisted of 20.1% White (n=342), 40.2% Coloured (n=682) and 39.7% Black (n=673) grade four learners. For the purpose of this study Indian learners (n=5) were grouped under Coloured learners. Figure 8.5 illustrates the ethnic distribution of the total sample.

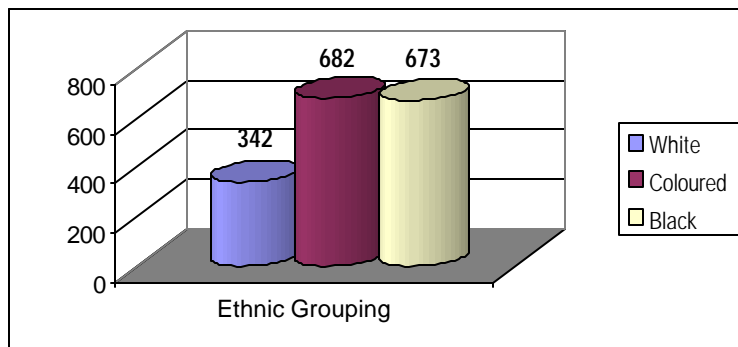


Figure 8.5 Distribution of Ethnic Grouping within the Total Sample

The experimental group, as indicated in Figure 8.6, illustrates the White learners (n=74) being in the minority as they constituted 18.2% of the group. The Coloured learners (n=181) constituted 44.5% of the experimental group while the Black learners (n=152) constituted a slightly lower 37.3%.

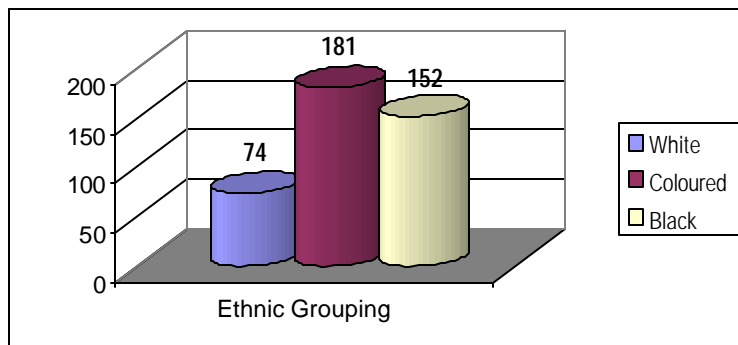


Figure 8.6 Distribution of Ethnic Grouping within the Experimental Group

Figure 8.7 presents the ethnic grouping in the control group (n=1290). The White learners (n=268) constituted 20.8% of the control group, the Coloured learners (n=501) 38.8% and the Black learners (n=521) 40.4%.

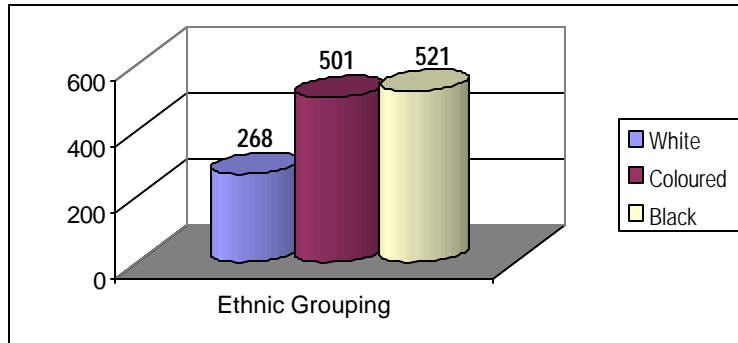


Figure 8.7 Distribution of Ethnic Grouping within the Control Group

The characteristics of the total sample, experimental group and control group have been discussed. The following section focuses on the testing of the hypotheses that guided the study.

8.4 TESTING OF THE HYPOTHESES

Before the commencement of the discussion of hypotheses testing, it is imperative to determine the level of knowledge of the experimental and control groups prior to any intervention. The groups' performance on the pre-test has a significant influence on the discussion of the hypotheses.

8.4.1 The Pre-Test Scores for the Experimental and Control Groups

Table 8.3 illustrates the analysis of variance of the pre-test scores for the experimental and control groups concerning knowledge of body awareness.

Table 8.3 Analysis of Variance of Pre-test Scores of Knowledge of Body Awareness for Experimental and Control Groups

Subscale	Group	n	\bar{X}	SD	df	F
Appropriate Touch	Control	1289	5.23	2.03	1	.219
	Experimental	407	5.28	1.95	1694	
Inappropriate Touch	Control	1289	11.93	3.73	1	6.123*
	Experimental	407	12.46	3.70	1694	

* $p < 0.05$

According to the obtained results in Table 8.3, it is clear that the F-value for the Appropriate Touch Subscale is not significant ($p > 0.05$). No significant correlation exists for the pre-test scores on the Appropriate Touch Subscale between the control and experimental groups. On the Inappropriate Touch Subscale there is a significant correlation between the control and experimental groups as the F-value is significant ($p < 0.05$). It seems that on the pre-test of the Appropriate Touch Subscale the control and experimental groups are on the same knowledge level. On the pre-test of the Inappropriate Touch Subscale the experimental group has significantly more knowledge concerning inappropriate touching than the control group. The discussion of the hypotheses will follow accordingly.

The discussion of the three hypotheses that guided this study are conducted under three separate headings:

- The Improvement of Body Awareness Knowledge,
- The Improvement of Body Awareness Knowledge and Gender,
- The Improvement of Body Awareness Knowledge and Ethnicity.

The hypotheses mainly focused on the experimental group, but as the researcher is of the opinion that the related analyses of the control group are of vital importance to provide a holistic picture, statistical data concerning the control group are also introduced. Under each heading the descriptive statistical analyses are provided whereafter the inferential statistics are introduced.

8.4.2 The Improvement of Knowledge of Body Awareness

Hypothesis 0: The experimental group's knowledge of body awareness does not improve significantly.

Hypothesis 1¹: The experimental group's knowledge of body awareness does improve significantly.

The hypotheses are applicable to the three tests conducted in the research – therefore each hypothesis refers to the pre-, post- and follow-up testing.

The knowledge of body awareness is divided into two subscales – the Appropriate Touch Subscale and the Inappropriate Touch Subscale. The learners can obtain a total score of 9 for the

Appropriate Touch Subscale and a total score of 24 for the Inappropriate Touch Subscale. The results of the experimental and control groups will be discussed according to their results on the two scales.

Descriptive Statistics

8.4.2.1 The Experimental Group and Improvement of Knowledge of Body Awareness

Table 8.4 illustrates the results of the experimental group on the pre-, post- and follow-up tests.

Table 8.4 Results of the Experimental Group on Knowledge of Body Awareness

	n	\bar{X}	SD
Pre-Test Appropriate	407	5.28	1.951
Post-Test Appropriate	406	5.81	2.034
Follow-up Test Appropriate	373	5.61	2.044
Pre-Test Inappropriate	407	12.46	3.698
Post-Test Inappropriate	406	14.13	4.026
Follow-up Test Inappropriate	373	14.06	4.148

Figure 8.8 illustrates the improvement in knowledge of body awareness on the Appropriate Touch Subscale for the experimental group for the pre-, post- and follow-up tests. The Appropriate Touch Subscale has a total score of 9.

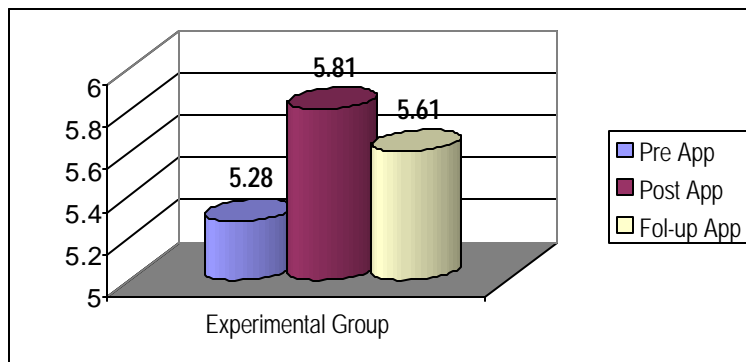


Figure 8.8 Experimental Group's Knowledge of Body Awareness : Appropriate Touch Subscale

The experimental group's knowledge of appropriate touching started at a mean of 5.28, increased to 5.81 after the intervention and decreased to 5.61 after six weeks. According to Figure 8.8 there was an increase of knowledge concerning appropriate touching after the implementation of the HOOC board game. The experimental group's results on the Inappropriate Touch Subscale are discussed accordingly.

Figure 8.9 illustrates the experimental group's performance on the Inappropriate Touch Subscale during the pre-, post- and follow-up tests. The Inappropriate Touch Subscale has a total score of 24.

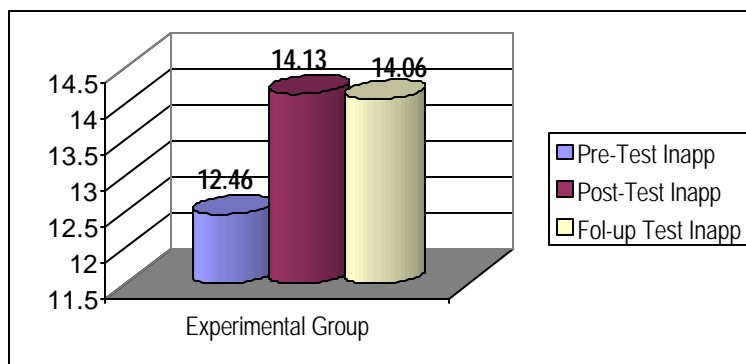


Figure 8.9 Experimental Group's Knowledge of Body Awareness : Inappropriate Touch Subscale

The experimental group's knowledge for inappropriate touching commenced at a mean of 12.46 and improved to 14.13 after the HOOC board game. The grade four learners' knowledge concerning inappropriate touching decreased slightly after six weeks to 14.06. According to Figure 8.9 the grade four learners' knowledge about inappropriate touching increased after the intervention and increased slightly during the six weeks period thereafter.

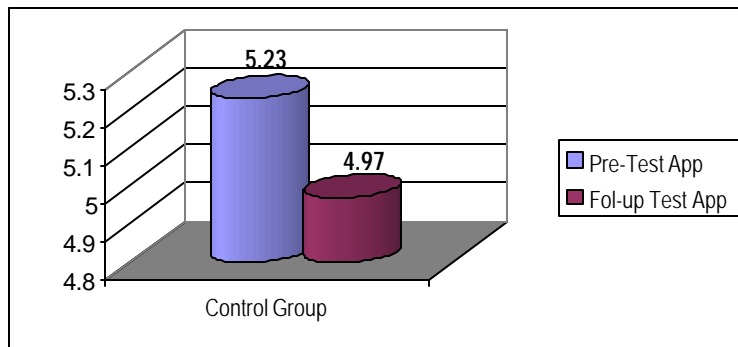
8.4.2.2 The Control Group and Improvement of Knowledge of Body Awareness

Table 8.5 presents the results of the control group on the pre- and follow-up tests. As there was no intervention in the form of the HOOC board game, no post-test was conducted.

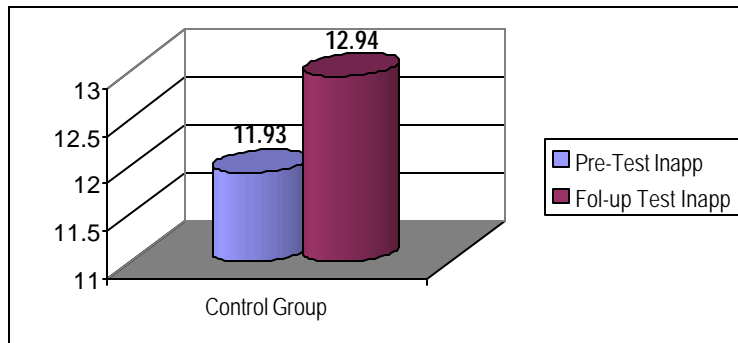
Table 8.5 Results of the Control Group on Knowledge of Body Awareness

	n	\bar{X}	SD
Pre-Test Appropriate	1289	5.23	2.032
Follow-up Test Appropriate	1152	4.97	2.132
Pre-Test Inappropriate	1289	11.93	3.730
Follow-up Test Inappropriate	1156	12.94	4.236

Figure 8.10 illustrates the decrease in knowledge of body awareness on the Appropriate Touch Subscale for the control group for the pre- and follow-up tests.

**Figure 8.10 Control group's Knowledge of Body Awareness : Appropriate Touch Subscale**

The decrease in the control group's knowledge of body awareness on the Appropriate Touch Subscale is evident in Figure 8.10. The control group's pre-test on their knowledge of appropriate touching started at a mean of 5.23 but decreased to 4.97 after a period of six weeks without any intervention. The control group's knowledge of inappropriate touching however increased as illustrated in Figure 8.11.

**Figure 8.11 Control Group's Knowledge of Body Awareness : Inappropriate Touch Subscale**

The control group received no intervention in the form of the HOOC board game. However, the grade four learners in the control group's knowledge about inappropriate touching still increased from a mean of 11.93 to 12.94.

Inferential Statistics

8.4.2.3 Pairwise Comparisons: The Pre-, Post- and Follow-up Tests of the Experimental Group on the Appropriate Touch Subscale

Table 8.6 provides the results of the Pairwise Comparisons of the improvement of knowledge of body awareness between the pre-, post- and follow-up tests of the experimental group on the Appropriate Touch Subscale.

Table 8.6 Pairwise Comparisons: Experimental Appropriate Touch Subscale

	Test	p
Pre-Test	Post-Test	0.000
	Follow-up Test	0.002
Post-Test	Pre-Test	0.000
	Follow-up Test	0.015
Follow-up Test	Pre-Test	0.002
	Post-Test	0.015

Table 8.6 represents the three tests conducted within the experimental group to determine whether or not their results differed significantly over time. According to Table 8.6 the pre-, post and follow-up tests of the Appropriate Touch Subscale correlate significantly ($p < 0.05$).

8.4.2.4 Results of Repeated Measures on the Pre-, Post- and Follow-up Tests of the Experimental Group on the Inappropriate Touch Subscale

Table 8.7 introduces Pairwise Comparisons of the measures over time on the Inappropriate Touch Subscale within the experimental group.

Table 8.7 Pairwise Comparisons: Experimental Inappropriate Touch Subscale

	Test	p
Pre-Test	Post-Test	0.000
	Follow-up Test	0.000
Post-Test	Pre-Test	0.000
	Follow-up Test	0.794
Follow-up Test	Pre-Test	0.000
	Post-Test	0.794

Table 8.7 represents the three tests conducted within the experimental group of the present study to determine whether or not their results differed significantly over time. According to Table 8.7 the pre- and post tests of the Inappropriate Touch Subscale correlate significantly ($p < 0.05$). The pre- and follow-up tests of the Inappropriate Touch Subscale also correlate significantly ($p < 0.05$). There is, however, no significant correlation between the post- and follow-up tests. ($p > 0.05$).

8.4.2.5 Analysis of Variance of the Control Group's Scores on the Pre- and Follow-up Tests

Table 8.8 illustrates the analysis of variance of the control group's pre- and follow-up test scores concerning knowledge of body awareness.

Table 8.8 Analysis of Variance of Control Group's Scores on the Pre- and Follow-up Tests

Subscale	Group	n	\bar{X}	SD	df	p
Appropriate Touch	Pre-Test	1151	5.21	2.021	1150	0.000
	Follow-up Test	1151	4.97	2.130		
Inappropriate Touch	Pre-Test	1155	11.83	3.746	1154	0.000
	Follow-up Test	1155	12.94	4.238		

Table 8.8 represents the results obtained by the control group to assess whether there was a significant difference in the knowledge of body awareness between the pre-test and follow-up test. According to Table 8.8 there was a significant decrease in knowledge of body awareness on the Appropriate Touch Subscale. However, there was a significant increase in knowledge of body awareness in the Inappropriate Touch Subscale. Whilst the mean scores for the knowledge on appropriate touching decreased, the mean scores for the knowledge on inappropriate touching

increased. It seems that the control group was positively influenced on the inappropriate body awareness knowledge although no intervention was implemented.

8.4.2.6 The Analysis of Variance of Follow-up Test Scores of Knowledge of Body Awareness for the Experimental and Control Groups

Table 8.9 illustrates the analysis of variance of the follow-up test scores for the experimental and control groups concerning knowledge of body awareness.

Table 8.9 Analysis of Variance of Follow-up Test Scores of Knowledge of Body Awareness for Experimental and Control Groups

Subscale	Group	n	\bar{X}	SD	df	F
Appropriate Touch	Control	1152	4.97	2.13	1	26.177**
	Experimental	373	5.61	2.04	1523	
Inappropriate Touch	Control	1156	12.94	4.24	1	19.898**
	Experimental	373	14.06	4.15	1527	

** $p < 0.01$

Table 8.9 represents the results obtained by the control and experimental groups in the follow-up test to determine whether or not their knowledge improved significantly. Since the F-values are significant ($p < 0.01$), it is clear that there is a significant difference in the improvement of knowledge on the two subscales within the control and experimental groups. The follow-up test scores indicate that on the Appropriate Touch Subscale the experimental group scored significantly higher than the control group. On the Inappropriate Touch Subscale the experimental group also scored significantly higher than the control group.

The experimental group thus seems to be on a higher level of knowledge after a duration of six weeks without an intervention than the control group. The duration of knowledge for the experimental group is significantly more than the control group's. In light of the abovementioned results, the null hypothesis is rejected as there is a significant improvement in the experimental group's knowledge of body awareness. Hypothesis 1¹ is thus not rejected. The next hypothesis is discussed in section 8.4.3.

8.4.3 The Improvement of Knowledge of Body Awareness and Gender

Hypothesis 0: There is no significant difference in the improvement of knowledge of body awareness between boys and girls in the experimental group.

Hypothesis 1²: There is a significant difference in the improvement of knowledge of body awareness between boys and girls in the experimental group.

The hypotheses are applicable to the three tests conducted in the research – therefore each hypothesis refers to the pre-, post- and follow-up testing.

Descriptive Statistics

8.4.3.1 The Experimental Group, Improvement of Body Awareness Knowledge and Gender

Table 8.10 illustrates the results of the boys and girls in the experimental group on the pre-, post- and follow-up tests.

Table 8.10 Experimental Group's of Knowledge of Body of Awareness and Gender

	Gender	n	\bar{X}	SD
Pre-Test Appropriate	Boys	180	5.34	1.94
	Girls	193	5.21	1.92
Post-Test Appropriate	Boys	180	5.85	2.06
	Girls	193	5.87	1.88
Follow-up Test Appropriate	Boys	180	5.69	2.01
	Girls	193	5.54	2.07
Pre-Test Inappropriate	Boys	180	12.51	3.559
	Girls	193	12.27	3.753
Post-Test Inappropriate	Boys	180	14.00	3.827
	Girls	193	14.03	4.174
Follow-up Test Inappropriate	Boys	180	14.39	3.933
	Girls	193	13.75	4.325

The discussion is divided into the Appropriate Touch Subscale results and the results obtained on the Inappropriate Touch Subscale.

Figure 8.12 depicts the results of the boys and girls in the experimental group on the Appropriate Touch Subscale.

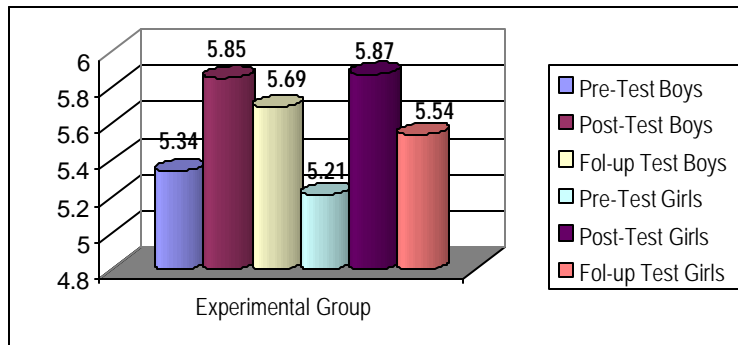


Figure 8.12 Experimental group: Appropriate Touch Subscale and Gender

Figure 8.12 demonstrates the differences in gender concerning the improvement of knowledge of appropriate touching in the experimental group on the pre-, post- and follow-up test scores. The boys started at a mean of 5.34 which increased to 5.85 after the HOOC board game and decreased slightly to 5.69 after six weeks. The girls started at a lower pre-test mean of 5.21 which increased to 5.87 and decreased to 5.54 after six weeks.

According to Figure 8.12 the boys knew slightly more about appropriate touching than the girls in the experimental group during the pre-test. The girls, however, seemed to gain more knowledge after the implementation of the HOOC board game than the boys. The boys had a longer duration of knowledge concerning appropriate touching than the girls.

Figure 8.13 depicts the results obtained on the Inappropriate Touch Subscale.

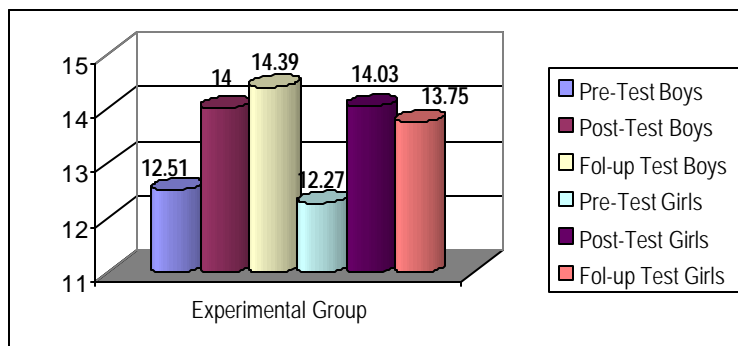


Figure 8.13 Experimental group: Inappropriate Touch Subscale and Gender

In Figure 8.13 the experimental group's differences in gender in performance on the Inappropriate Touch Subscale is demonstrated on the pre-, post- and follow-up tests. The boys started with a mean of 12.51 which increased significantly to 14.00 after the implementation of the HOOC board game. The boys' performance on the Inappropriate Touch Subscale increased to 14.39 after a six weeks period with no similar intervention. The girls started at a slightly lower pre-test score of 12.27 which increased to 14.03. Their score decreased to 13.75 after six weeks without a similar intervention. Figure 8.13 demonstrates that there is a difference in gender in the experimental group on the Inappropriate Touch Subscale. Similar to the trend on the Appropriate Touch Subscale, the boys knew slightly more about inappropriate touching than the girls in the experimental group during the pre-test. The girls, however, seemed to gain more knowledge after the implementation of the HOOC board game than the boys. The boys had a longer duration of knowledge concerning inappropriate touching than the girls.

Inferential Statistics

Table 8.11 provides the results of Repeated Measures on the effect of the interaction between gender and time. The scores of the experimental group on the Appropriate Touch Subscale are presented. For the purpose of the present study, the focus is solely on the interaction between gender and time to determine whether the gender of a grade four learner in the experimental group has a significant impact on the level of knowledge on the Appropriate Touch Subscale and improvement thereof.

Table 8.11 Results of Repeated Measures on the Interaction between Gender and Time: Experimental Appropriate Touch Subscale

	df	F	p
Time	2	16.741	0.000
Gender	1	0.246	0.620
Time x Gender	2	0.398	0.671

According to Table 8.11 the F-value for the interaction effect between time and gender is not significant. In other words, the gender of learner does not have a significant effect on the improvement of knowledge on the Appropriate Touch Subscale.

Table 8.12 introduces the effect of time and gender on the Inappropriate Touch Subscale of the experimental group.

Table 8.12 Results of Repeated Measures on the Interaction between Gender and Time: Experimental Inappropriate Touch Subscale

	df	F	p
Time	2	55.695	0.000
Gender	1	0.641	0.424
Time x Gender	2	1.762	0.172

According to Table 8.12 the F-value for the interaction effect between time and gender is not significant. In other words, the gender of learner does not have a significant effect on the improvement of knowledge on the Inappropriate Touch Subscale.

The control group's results on the two subscales, in combination with gender, are discussed accordingly. The descriptive statistics are provided whereafter the inferential statistics are introduced.

Descriptive Statistics

8.4.3.2 The Control Group's Improvement of Knowledge of Body Awareness and Gender

Table 8.13 illustrates the results of the boys and girls in the control group on the pre- and follow-up tests.

Table 8.13 Control Group's Knowledge of Body Awareness and Gender

	Gender	n	\bar{X}	SD
Pre-Test Appropriate	Boys	607	5.25	1.976
	Girls	544	5.16	2.070
Follow-up Test Appropriate	Boys	607	5.03	2.131
	Girls	544	4.90	2.129
Pre-Test Inappropriate	Boys	609	11.86	3.584
	Girls	546	11.80	3.923
Follow-up Test Inappropriate	Boys	609	12.71	4.126
	Girls	546	13.20	4.349

The discussion is divided into the Appropriate Touch Subscale results and the results obtained on the Inappropriate Touch Subscale. Figure 8.14 illustrates the control group's knowledge of body awareness on the Appropriate Touch Subscale to determine whether or not gender differences are evident.

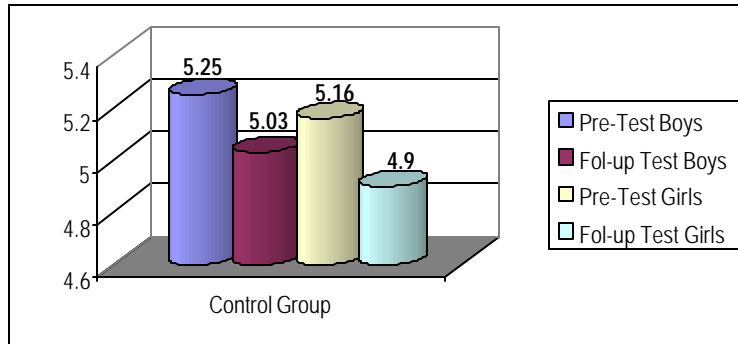


Figure 8.14 Control Group: Appropriate Touch Subscale and Gender

Figure 8.14 illustrates the differences in knowledge performance on the Appropriate Touch Subscale of the control group's boys and girls on the pre- and follow-up test scores. The boys started at a mean of 5.25 at the pre-test and decreased slightly to 5.03 after six weeks without a similar intervention. The girls started at a slightly lower knowledge level at the pre-test of 5.16 which decreased slightly to 4.90 after six weeks of no similar intervention. There appears to be a gender difference concerning the knowledge on appropriate touching as the boys knew slightly more than the girls on appropriate touching. The boys also tended to have a longer duration of the knowledge as the girls.

Figure 8.15 depicts the results obtained on the Inappropriate Touch Subscale.

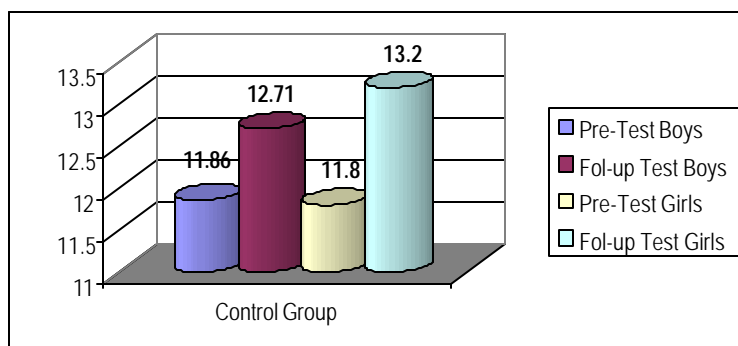


Figure 8.15 Control Group: Inappropriate Touch Subscale and Gender

Figure 8.15 illustrates the data of the control group on the Inappropriate Touch Subscale and the difference in knowledge improvement between boys and girls are evident. The boys started at a slightly higher knowledge level on inappropriate touching during the pre-test with a mean of 11.86. This increased to 12.71 after six weeks with no similar intervention. The girls, however, started at a knowledge level on inappropriate touching during the pre-test with a mean of 11.80. This increased to 13.20 after six weeks with no similar intervention.

Figure 8.15 depicts that the boys knew slightly more about inappropriate touching than the girls during the pre-test. In contrast to expectations, the knowledge of boys and girls increased after six weeks without any similar interventions. The girls' knowledge increased more than the boys' knowledge on inappropriate touching.

Inferential Statistics

8.4.3.3 Results of Repeated Measures on the Interaction between Gender and Time: Control Appropriate Touch Subscale

Table 8.14 provides the results of Repeated Measures on the effect of the interaction between gender and time. The scores of the control group on the Appropriate Touch Subscale are presented. For the purpose of the present study, the focus is solely on the interaction between gender and time to determine whether the gender of a grade four learner in the control group has a significant impact on the level of knowledge on the Appropriate Touch Subscale and improvement thereof.

**Table 8.14 Results of Repeated Measures on the Interaction between Gender and Time:
Control Appropriate Touch Subscale**

	df	F	p
Time	1	14.096	0.000
Gender	1	1.058	0.304
Time x Gender	1	0.082	0.775

According to Table 8.14 the F-value for the interaction effect between time and gender is not significant. In other words, the gender of learner in the control group does not have a significant

effect on the improvement of knowledge on the Appropriate Touch Subscale within the control group.

8.4.3.4 Results of Repeated Measures on the Interaction between Gender and Time: Control Inappropriate Touch Subscale

Table 8.15 introduces the effect of time and gender on the Inappropriate Touch Subscale within the control group.

Table 8.15 Results of Repeated Measures on the Interaction between Gender and Time: Control Inappropriate Touch Subscale

	df	F	p
Time	1	100.360	0.000
Gender	1	1.061	0.303
Time x Gender	1	6.240	0.013

According to Table 8.15 the F-value for the interaction effect between time and gender is not significant. In other words, the gender of learner does not have a significant effect on the improvement of knowledge on the Inappropriate Touch Subscale within the control group. In light of the psychometric results, there seems to be no significant difference between the knowledge improvement of boys and girls in the experimental group. The null hypothesis is thus not rejected.

8.4.4 The Improvement of Knowledge of Body Awareness and Ethnicity

Hypothesis 0: There is no significant difference in the improvement of knowledge of body awareness between the three ethnic groups in the experimental group.

Hypothesis 1³: There is a significant difference in the improvement of knowledge of body awareness between the three ethnic groups in the experimental group.

The hypotheses are applicable to the three tests conducted in the research – therefore each hypothesis refers to the pre-, post- and follow-up testing.

Descriptive Statistics

8.4.4.1 The Experimental Group, Improvement of Knowledge of Body Awareness and Ethnicity

Table 8.16 illustrates the results of the three ethnic groups in the experimental group on the pre-, post- and follow-up tests.

Table 8.16 Experimental Group's Knowledge of Body of Awareness and Ethnicity

	Ethnic Grouping	n	\bar{X}	SD
Pre-Test Appropriate	White	72	5.42	1.82
	Coloured	165	5.58	1.80
	Black	136	4.82	2.05
Post-Test Appropriate	White	72	6.33	1.73
	Coloured	165	6.32	1.65
	Black	136	5.04	2.18
Follow-up Test Appropriate	White	72	6.10	1.98
	Coloured	165	6.06	1.85
	Black	136	4.82	2.07
Pre-Test Inappropriate	White	72	13.90	3.94
	Coloured	165	13.24	3.45
	Black	136	10.54	2.94
Post-Test Inappropriate	White	72	16.83	3.36
	Coloured	165	15.05	3.35
	Black	136	11.27	3.39
Follow-up Test Inappropriate	White	72	17.24	3.29
	Coloured	165	14.95	3.66
	Black	136	11.30	3.38

The discussion will be divided into the Appropriate Touch Subscale results and the results obtained on the Inappropriate Touch Subscale. Figure 8.16 illustrates the experimental group's knowledge of body awareness on the Appropriate Touch Subscale to determine whether or not ethnic differences are evident.

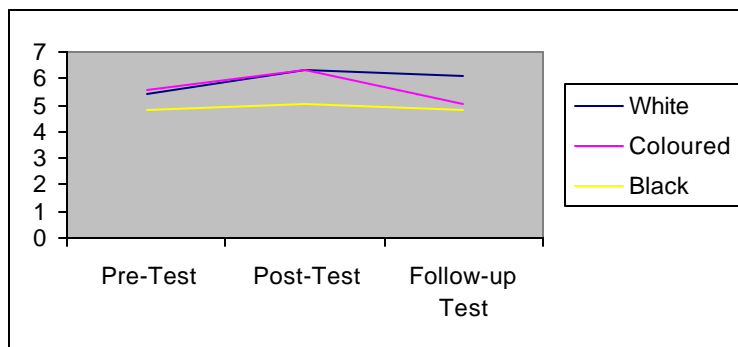
**Figure 8.16 Experimental group: Appropriate Touch Subscale and Ethnicity**

Figure 8.16 demonstrates the three ethnic groups' performance on the Appropriate Touch Subscale during the pre-, post- and follow-up tests. The White ethnic group started on a mean of 5.42 which increased to 6.33 and decreased after six weeks to 6.10. The Coloured ethnic group start at the highest mean of all three groups, at 5.58 and increased to 6.32. After six weeks the Coloured ethnic group's score decreased to 6.06. The Black ethnic group started at a mean of 4.82 which increased to 5.04 after the implementation of the HOOC board game. The Black ethnic group's scores on the Appropriate Touch Subscale decreased to 4.82 after six weeks without any interventions.

There seems to be a difference between the ethnic groups concerning the pre-test level they were functioning on before the HOOC board game was implemented. The Coloured ethnic group seems to know more than the White and Black ethnic groups about appropriate touching. The Black ethnic group seems to be on the lowest level of knowledge on appropriate touching. All three groups' knowledge of appropriate touching increased after the implementation of the HOOC board game. All three groups' knowledge decreased after six weeks. The White and Coloured ethnic groups' knowledge decreased to a level higher than their original functioning knowledge level. The Black ethnic group, however, decreased to the original functioning knowledge level.

The experimental ethnic groups' performance on the Inappropriate Touch Subscale is discussed in Figure 8.17.

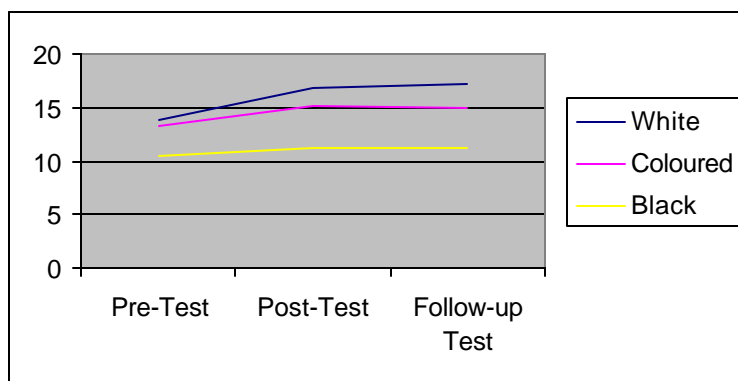


Figure 8.17 Experimental group: Inappropriate Touch Subscale and Ethnicity

Figure 8.17 represents the three ethnic groups within the experimental group's performance on the Inappropriate Touch Subscale during the pre-, post- and follow-up tests. The White ethnic group

started at a mean of 13.90 which increased to 16.83 after the implementation of the HOOC board game. The knowledge level of the White ethnic group increased after six weeks without any similar interventions to 17.24. The Coloured ethnic group started at a mean knowledge level of 13.24 which increased to 15.05 after the implementation of the HOOC board game and decreased slightly to 14.95 after six weeks. The Black ethnic group started at a mean knowledge level of 10.54 which increased to 11.27 after the implementation of the HOOC board game. The mean knowledge level of the Black ethnic group increased slightly after six weeks to 11.30.

There seems to be an increase in knowledge on inappropriate touching within the White and Black ethnic groups after a duration of six weeks without any similar interventions. Although the Coloured group's mean knowledge level decreased after six weeks, it was still higher than the original mean knowledge level of the group.

Inferential Statistics

8.4.4.2 The Results of Repeated Measures on the Interaction between Ethnicity and Time:

Experimental Appropriate Touch Subscale

Table 8.17 provides the results of Repeated Measures on the effect of the interaction between ethnicity and time. The scores of the experimental group on the Appropriate Touch Subscale are presented. For the purpose of the present study, the focus is solely on the interaction between ethnicity and time to determine whether the ethnic grouping of a grade four learner in the experimental group has a significant impact on the level of knowledge on the Appropriate Touch Subscale and improvement thereof.

Table 8.17 Results of Repeated Measures on the Interaction between Ethnicity and Time: Experimental Appropriate Touch Subscale

	Df	F	p
Time	2	17.286	0.000
Ethnicity	2	21.224	0.000
Time x Ethnicity	4	2.544	0.038

According to Table 8.17 the F-value for the interaction effect between time and ethnicity is significant ($p < 0.05$). In other words, the ethnic grouping of learner does have a significant effect on the improvement of knowledge on the Appropriate Touch Subscale.

8.4.4.3 Pairwise Comparisons: Experimental Appropriate Touch Subscale

Table 8.18 introduces Pairwise comparisons of the measures over time between the different ethnic groups on the Appropriate Touch Subscale within the experimental group.

Table 8.18 Pairwise Comparisons of Measures over Time: Experimental Appropriate Touch Subscale

	Test	p
White	Coloured	0.859
	Black	0.000
Coloured	White	0.859
	Black	0.000
Black	White	0.000
	Coloured	0.000

Table 8.18 indicates whether or not there was a significant difference between the three ethnic groups concerning the knowledge improvement on the Appropriate Touch Subscale within the experimental group. According to Table 8.18 there was not a significant difference between the White and Coloured ethnic groups concerning knowledge improvement ($p > 0.05$). There was, however, a significant difference between the White and Black ethnic groups concerning knowledge improvement ($p < 0.05$). There was also a significant difference between the Black and Coloured ethnic groups concerning knowledge improvement ($p < 0.05$).

8.4.4.4 The Results of Repeated Measures on the Interaction between Ethnicity and Time: Experimental Inappropriate Touch Subscale

Table 8.19 introduces the effect of time and ethnicity on the Inappropriate Touch Subscale.

Table 8.19 Results of Repeated Measures on the Interaction between Ethnicity and Time: Experimental Inappropriate Touch Subscale

	Df	F	p
Time	2	65.835	0.000
Ethnicity	2	91.213	0.000
Time x Ethnicity	4	46.905	0.000

According to Table 8.19 the F-value for the interaction effect between time and ethnicity is significant. In other words, the ethnic grouping of a learner does have a significant effect on the improvement of knowledge on the Inappropriate Touch Subscale.

Table 8.20 introduces Pairwise comparisons of the measures over time between the different ethnic groups. The scores on the Inappropriate Touch Subscale within the experimental group are presented.

8.4.4.5 Pairwise Comparisons: Experimental Inappropriate Touch Subscale

Table 8.20 Pairwise Comparisons of Measures over Time: Experimental Inappropriate Touch Subscale

	Test	p
White	Coloured	0.000
	Black	0.000
Coloured	White	0.000
	Black	0.000
Black	White	0.000
	Coloured	0.000

Table 8.20 indicates whether or not there was a significant difference between the three ethnic groups concerning the knowledge improvement on the Inappropriate Touch Subscale within the experimental group. According to Table 8.20 there was a significant difference between the White and Coloured ethnic groups concerning knowledge improvement ($p < 0.05$). There was also a significant difference between the White and Black ethnic groups concerning knowledge improvement ($p < 0.05$). There was also a significant difference between the Black and Coloured

ethnic groups concerning knowledge improvement ($p < 0.05$). As the experimental groups' scores have been discussed, the next section of this chapter introduces the control group's results.

8.4.4.6 The Control Group, Improvement of Knowledge of Body Awareness and Ethnicity

Table 8.21 illustrates the results of the three ethnic groups in the control group on the pre- and follow-up tests. The control group received no intervention in the form of the HOOC board game and therefore no post-test was conducted.

Table 8.21 Control Group's Knowledge of Body of Awareness and Ethnicity

	Ethnic Grouping	n	\bar{X}	SD
Pre-Test Appropriate	White	248	5.67	1.939
	Coloured	427	5.03	2.029
	Black	476	5.13	2.023
Follow-up Test Appropriate	White	248	6.06	2.062
	Coloured	427	4.98	1.908
	Black	476	4.38	2.131
Pre-Test Inappropriate	White	248	14.22	4.412
	Coloured	430	12.08	3.320
	Black	477	10.37	2.969
Follow-up Test Inappropriate	White	248	16.85	3.489
	Coloured	430	13.08	3.859
	Black	477	10.78	3.335

The discussion will be divided into the Appropriate Touch Subscale results and the results obtained on the Inappropriate Touch Subscale.

Figure 8.18 illustrates the control group's knowledge of body awareness on the Appropriate Touch Subscale to determine whether or not ethnic differences are evident.

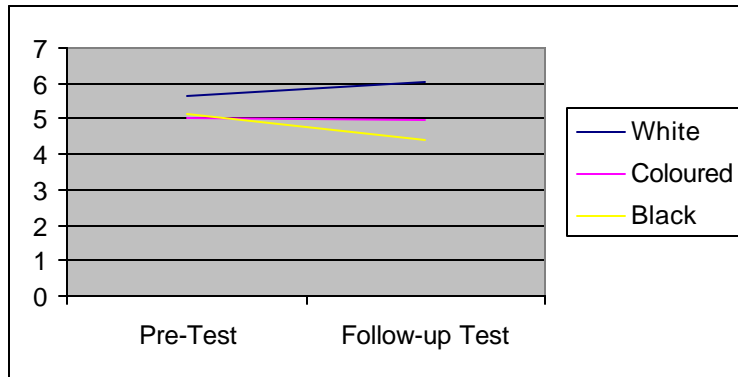


Figure 8.18 Control Group: Appropriate Touch Subscale and Ethnicity

Figure 8.18 demonstrates the three ethnic groups' performance on the Appropriate Touch Subscale during the pre-, and follow-up tests. The White ethnic group started on a mean of 5.67 which increased to 6.06 after six weeks without any interventions. The Coloured ethnic group started at 5.03 and after six weeks the Coloured ethnic group's score decreased to 4.98. The Black ethnic group started at a mean of 5.13 which decreased to 4.38 after six weeks without any interventions.

There seems to be a difference between the ethnic groups concerning the pre-test level they were functioning with the advent of the research. The control group's White ethnic group seems to know more than the Coloured and Black ethnic groups about appropriate touching. The Coloured ethnic group seems to be on the lowest level of knowledge on appropriate touching. Interestingly enough, the White group's knowledge increased during the follow-up test without any interventions. The Coloured and Black ethnic groups' knowledge decreased after six weeks. The control ethnic groups' performance on the Inappropriate Touch Subscale is presented in Figure 8.19.

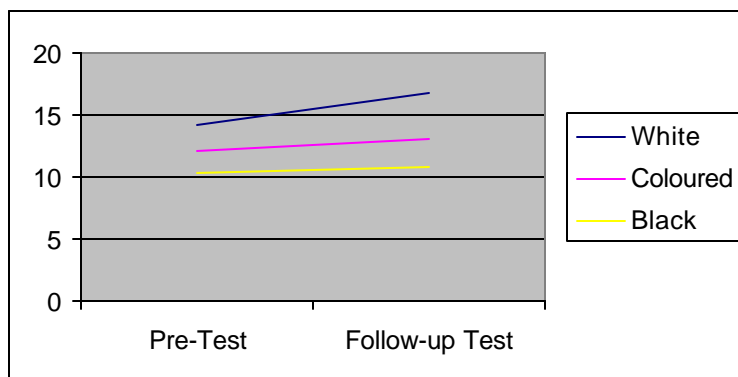


Figure 8.19 Control Group: Inappropriate Touch Subscale and Ethnicity

Figure 8.19 represents the three ethnic groups within the control group's performance on the Inappropriate Touch Subscale during the pre- and follow-up tests. The White ethnic group started at a mean of 14.22 which increased to 16.85 without any interventions. The Coloured ethnic group started at a mean knowledge level of 12.08 which increased to 13.08 after six weeks. The Black ethnic group started at a mean knowledge level of 10.37 which increased to 10.78 without any interventions. There seems to be an increase in knowledge on inappropriate touching within the White, Coloured and Black ethnic groups without any interventions.

Inferential Statistics

8.4.4.7 Results of Repeated Measures on the Interaction between Ethnicity and Time: Control Appropriate Touch Subscale

Table 8.22 provides the results of Repeated Measures on the effect of the interaction between ethnicity and time on the scores of the control group on the Appropriate Touch Subscale. For the purpose of the present study, the focus is solely on the interaction between ethnicity and time to determine whether the ethnic grouping of a grade four learner in the control group has a significant impact on the level of knowledge on the Appropriate Touch Subscale and improvement thereof.

Table 8.22 Results of Repeated Measures on the Interaction between Ethnicity and Time: Control Appropriate Touch Subscale

	Df	F	p
Time	1	4.150	0.042
Ethnicity	2	34.940	0.000
Time x Ethnicity	2	25.617	0.000

According to Table 8.22 the F-value for the interaction effect between time and ethnicity is significant ($p < 0.05$). In other words, the ethnic grouping of learner does have a significant effect on the improvement of knowledge on the Appropriate Touch Subscale.

Table 8.23 introduces the effect of time and ethnicity on the Inappropriate Touch Subscale.

8.4.4.8 Results of Repeated Measures on the Interaction between Ethnicity and Time: Control Inappropriate Touch Subscale

Table 8.23 Results of Repeated Measures on the Interaction between Ethnicity and Time: Control Inappropriate Touch Subscale

	Df	F	p
Time	1	139.568	0.000
Ethnicity	2	228.500	0.000
Time x Ethnicity	2	29.269	0.000

According to Table 8.23 the F-value for the interaction effect between time and ethnicity is significant. In other words, the ethnic grouping of a learner does have a significant effect on the improvement of knowledge on the Inappropriate Touch Subscale.

As the Children's Knowledge of Abuse Questionnaire-Revised (CKAQ-RIII), the first part of the questionnaire, has now been discussed, the following section deals with the second part of the questionnaire.

8.5 RESULTS OF THE QUESTIONNAIRE

Since the questionnaire used in this study is compiled from different psychometric properties, the last 7 items of the compiled questionnaire do not yet have statistical significance and the frequency distribution of these items are thus provided. This section of the chapter deals with the discussion of each of these items within the control and experimental groups. Thereafter the reliability of the American standardised CKAQ-RIII within the South African context will be discussed.

8.5.1 The Compiled Questionnaire

The compiled 40-item questionnaire used in this study consisted of the following psychometric instruments:

- The full Children's Knowledge of Abuse Questionnaire-Revised (CKAQ-RIII),
- Two adapted vignettes from the What-If Situation Test (WIST),

- A picture depicting a boy and girl in swimming costumes playing on the beach – the learner had to indicate their private places.

The full CKAQ-RIII constituted 33 items of the compiled questionnaire. The WIST constituted 6 items while the picture was the last item on the questionnaire. The last 7 items were as follow:

Item 34:

Let's play a make-believe game. Tell me what you will do if these things happen to you:

What if you were playing outside and you scraped your knee. Your teacher came over and said; 'I need to look at your knee to see if it needs a plaster'. Would this be okay for the teacher to do this?

1. Yes	2. No	3. I don't know
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Item 35:

What would you say to your teacher?

- (1) This is fine, thank you.
- (2) No, leave me alone!
- (3) You can't touch me!

Item 36:

What would you do?

- (1) Sit still until the plaster is on your knee
- (2) Run away
- (3) Yell 'NO!' and push the teacher out of your way

Item 37:

What if you were playing at the park and a man you like said to you: 'Hey, I'll go buy you an ice cream cone if you take off your pants and let me touch your private parts'. Would this be okay for the man to do this?

1. Yes	2. No	3. I don't know
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Item 38:

What would you do?

- (1) You will stand still and will not know what to do
- (2) You will yell, run away and tell someone
- (3) You will take the ice cream and take off your pants

Item 39:

Who would you tell about this? (more than one may be indicated)

1. Mom	2. Dad	3. Teacher	4. Grandmother	5. Police	6. Somebody else
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Item 40:

This boy and girl are enjoying the beach. Please mark with your pencil where their private parts are.

Possible answers to be indicated:

- (1) Vagina Female
- (2) Breasts Female
- (3) Penis Male
- (4) Breast Male
- (5) Mouth Female
- (6) Mouth Male
- (7) Anus Female
- (8) Anus Male

The results on these items within the control and experimental groups are discussed in the following sections.

8.5.2 The Experimental Group

The frequency distribution of the results of the experimental group (n=407) is indicated in this section. The specific item will be stated before the frequency distribution is presented. The ideal answer for every vignette is bold printed.

8.5.2.1 The Frequency Distribution of Item 34

Item 34: Let's play a make-believe game. Tell me what you will do if these things happen to you: What if you were playing outside and you scraped your knee. Your teacher came over and said; 'I need to look at your knee to see if it needs a plaster'. Would this be okay for the teacher to do this?

1. Yes	2. No	3. I don't know
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Table 8.24 Results of the Experimental Group on item 34 for the Pre-, Post- and Follow-up Tests

	Pre-Test		Post Test		Follow-up Test	
Possible Answer	Frequency	Percent	Frequency	Percent	Frequency	Percent
No answer	14	3.4	9	2.2	39	9.6
Yes	276	67.8	294	72.2	276	67.8
No	95	23.3	87	21.4	71	17.4
I don't know	22	5.4	17	4.2	21	5.2
Total	407	100.0	407	100.0	407	100.0

Table 8.24 indicates various differences in the distribution between the pre-, post- and follow-up tests. As the preferred answer for this item is 'yes', the discussion evolves around the frequency of this answer. This item attempts to empower learners to be able to distinguish between appropriate and inappropriate touching and the proper ways of responding to it.

During the pre-test 276 learners (67.8%) from the experimental group indicated the preferred answer. During the post-test the amount of learners increased to 294 (72.2%) and after a duration of six weeks during the follow-up test, 276 (67.8%) indicated the preferred answer. It seems that the frequency of the preferred answer to item 34 increased after the implementation of the board game with 4.4%.

8.5.2.2 The Frequency Distribution of Item 35

Item 35: What would you say to your teacher?

(1) **This is fine, thank you.**

(2) No, leave me alone!

(3) You can't touch me!

(The ideal answer for every vignette is bold printed)

Table 8.25 Results of the Experimental Group on item 35 for the Pre-, Post- and Follow-up Tests

	Pre-Test		Post Test		Follow-up Test	
Possible Answer	Frequency	Percent	Frequency	Percent	Frequency	Percent
No answer	20	4.9	15	3.6	44	10.8
This is fine	233	57.2	298	73.2	276	67.8
No, leave me!	111	27.3	60	14.7	50	12.3
You can't!	43	10.6	34	8.4	37	9.1
Total	407	100.0	407	100.0	407	100.0

Table 8.25 illustrates the results of item 35 on the various tests conducted. The preferred answer for item 35 is 'This is fine, thank you' . This item also attempts to empower learners to be able to distinguish between appropriate and inappropriate touching and the proper ways of responding to it. Concerning the preferred answer, 233 learners (57.2%) indicated it during the pre-test. After the implementation of the HOOC board game, the learners indicating the preferred answer increased to 298 (73.2%). After a duration of six weeks, 276 learners (67.8%) learners indicated the preferred answer. An increase of 16% is evident between the pre- and post tests. The amount of learners indicating the preferred answer during the follow-up test is also higher than the original indication in the pre-test.

8.5.2.3 The Frequency Distribution of Item 36

Item 36: What would you do?

- (1) **Sit still until the plaster is on your knee**
- (2) Run away
- (3) Yell 'NO!' and push the teacher out of your way

(The ideal answer for every vignette is bold printed).

Table 8.26 Results of the Experimental Group on item 36 for the Pre-, Post- and Follow-up Tests

Possible Answer	Pre-Test		Post Test		Follow-up Test	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
No answer	20	4.9	16	3.9	45	11.1
Sit still	252	61.9	296	72.7	272	66.8
Run away	104	25.6	69	17.0	68	16.7
Yell NO!	30	7.4	26	6.4	22	5.4
Total	407	100.0	407	100.0	407	100.0

Table 8.26 illustrates the results of item 36 on the various tests conducted. The preferred answer for item 36 is 'Sit still until the plaster is on your knee' . This item also attempts to empower learners to be able to distinguish between appropriate and inappropriate touching and the proper ways of responding to it. Concerning the preferred answer, 252 learners (61.9%) indicated it during the pre-test. After the implementation of the HOOC board game, the learners indicating the preferred answer increased to 296 (72.7%). After a duration of six weeks, 272 learners (66.8%) learners indicated the preferred answer. An increase is evident between the pre- and post tests. The amount of learners indicating the preferred answer during the follow-up test is also higher than the original indication in the pre-test.

8.5.2.4 The Frequency Distribution of Item 37

Item 37: What if you were playing at the park and a man you like said to you: 'Hey, I'll go buy you an ice cream cone if you take off your pants and let me touch your private parts'.

Would this be okay for the man to do this?

1. Yes	2. No	3. I don't know
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(The ideal answer for every vignette is bold printed).

Table 8.27 Results of the experimental group on item 37 for the pre-, post- and follow-up tests

Possible Answer	Pre-Test		Post Test		Follow-up Test	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
No answer	18	4.4	9	2.2	43	10.5
Yes	16	3.9	18	4.4	8	2.0
No	366	89.9	372	91.4	356	87.5
I don't know	7	1.7	8	2.0	0	0
Total	407	100.0	407	100.0	407	100.0

Table 8.27 indicates various differences in the distribution between the pre-, post- and follow-up tests. As the preferred answer for this item is 'no', the discussion evolves around the frequency of this answer. This item attempts to empower learners to be able to distinguish between appropriate and inappropriate touching and the proper ways of responding to it.

During the pre-test 366 learners (89.9%) indicated the preferred answer. This increased to 372 learners (91.4%) in the post-test after the implementation of the HOOC board game. After a duration of six weeks the amount of learners that indicated the preferred answer decreased to 356 (87.5%). A possible factor can also be the high amount of no answer indicated in the follow-up test. A positive indication on this distribution, is that the amount of learners that indicated 'yes, it would be okay for the man to do this', were 16 (3.9%) during the pre-test and decreased to 8 (2.0%) in the follow-up test.

8.5.2.5 The Frequency Distribution of Item 38

Item 38: What would you do?

- (1) You will stand still and will not know what to do
- (2) You will yell, run away and tell someone**
- (3) You will take the ice cream and take off your pants

(The ideal answer for every vignette is bold printed).

Table 8.28 Results of the experimental group on item 38 for the pre-, post- and follow-up tests

Possible Answer	Pre-Test		Post Test		Follow-up Test	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
No answer	27	6.6	20	4.9	48	11.7
Stand still	48	11.8	41	10.1	27	6.6
Yell and run	323	79.4	343	84.3	331	81.3
Take the ice-cream	9	2.2	3	0.7	1	0.2
Total	407	100.0	407	100.0	407	100.0

Table 8.28 illustrates the results of item 38 on the various tests conducted. The preferred answer for item 38 is 'You will yell, run and tell someone' . This item also attempts to empower learners to be able to distinguish between appropriate and inappropriate touching and the proper ways of responding to it. Concerning the preferred answer, 323 learners (79.4%) indicated it during the pre-test. After the implementation of the HOOC board game, the learners indicating the preferred answer increased to 343 (84.3%). After a duration of six weeks, 331 learners (81.3%) learners indicated the preferred answer. An increase is evident between the pre- and post tests. The amount of learners indicating the preferred answer during the follow-up test is also higher than the original indication in the pre-test.

A positive indication in this distribution is that the amount of learners indicating that they will take the ice cream and take off their pants, decreased from 9 in the pre-test to 1 in the follow-up test.

8.5.2.6 The Frequency Distribution of Item 39

Item 39: Who would you tell about this? (more than one may be indicated)

1. Mom	2. Dad	3. Teacher	4. Grandmother	5. Police	6. Somebody else
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Table 8.29 Results of the experimental group on item 39 for the pre-, post- and follow-up tests

Possible Answer	Pre-Test		Post Test		Follow-up Test	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Mom	165	40.5	102	25.1	187	45.9
Dad	124	30.5	140	34.4	177	43.5
Teacher	61	15.0	70	17.2	80	19.7
Grandmother	4	10.6	114	28.0	81	19.9
Police	247	60.7	147	36.1	277	68.1
Somebody else	6	1.2	159	39.1	10	2.5

Table 8.29 illustrates the distribution of the various people learners can turn to for a possible disclosure of sexual abuse and for assistance. The learners could indicate more than one person and therefore no total is indicated in Table 8.29. As there are no preferred answers here, a discussion around the frequencies of persons indicated is appropriate. During the pre-test, the person indicated most frequently for rendering assistance, was the police. The mother in the family is indicated as the second most frequent. During the post-test the learners indicated 'someone else' as the most frequent for rendering assistance. The follow-up test indicates that the original pattern of the pre-test is repeated – the police and then the mother in the family are indicated.

8.5.2.7 The Frequency Distribution of Item 40

Item 40: This boy and girl are enjoying the beach. Please mark with your pencil where their private parts are.

Possible answers to be indicated:

- (1) Vagina Female
- (2) Breasts Female
- (3) Penis Male
- (4) Breast Male
- (5) Mouth Female
- (6) Mouth Male

(7) Anus Female**(8) Anus Male**

(The ideal answer for every vignette is bold printed).

Table 8.30 Results of the Experimental Group on item 40 for the Pre-, Post- and Follow-up Tests

Possible Answer	Pre-Test		Post Test		Follow-up Test	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Vagina	372	91.4	384	94.3	366	89.9
Breasts (F)	160	39.3	199	48.9	209	51.4
Penis	364	89.4	382	93.9	369	90.7
Breast (M)	41	10.1	51	12.5	68	16.7
Mouth (F)	2	0.5	4	1.0	4	1.0
Mouth (M)	1	0.2	2	0.5	5	1.2
Anus (F)	18	4.4	1	0.2	8	2.0
Anus (M)	18	4.4	2	0.5	7	1.7

Table 8.30 provides a distribution of the body parts indicated by the experimental group as private parts. The bold printed parts are viewed as the preferred answers – the vagina, penis, female breasts, male anus and female anus. The amount of learners indicating the vagina, penis and female breasts increased from the pre-test to the follow-up test. However, the amount of learners indicating the anus (male and female) decreased from the pre-test to the follow-up test.

8.5.3 The Control Group

The frequency distribution of the results of the control group (n=1290) is indicated in this section. The specific item will be stated before the frequency distribution is presented.

8.5.3.1 The Frequency Distribution of Item 34

Item 34: Let's play a make-believe game. Tell me what you will do if these things happen to you:

What if you were playing outside and you scraped your knee. Your teacher came over and said; 'I need to look at your knee to see if it needs a plaster'.

Would this be okay for the teacher to do this?

1. Yes	2. No	3. I don't know
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(The ideal answer for every vignette is bold printed).

Table 8.31 Results of the control group on item 34 for the pre- and follow-up tests

Possible Answer	Pre-Test		Follow-up Test	
	Frequency	Percent	Frequency	Percent
No answer	42	3.3	163	12.7
Yes	880	68.2	758	58.8
No	285	22.1	273	21.2
I don't know	83	6.4	96	7.4
Total	1290	100.0	1290	100.0

Table 8.31 indicates various differences in the distribution between the pre- and follow-up tests. As the preferred answer for this item is 'yes', the discussion evolves around the frequency of this answer. This item attempts to empower learners to be able to distinguish between appropriate and inappropriate touching and the proper ways of responding to it.

During the pre-test 880 learners (68.2%) from the control group indicated the preferred answer. After a duration of six weeks during the follow-up test, 758 (58.8%) indicated the preferred answer. It seems that the frequency of the preferred answer to item 34 decreased without any intervention.

8.5.3.2 The Frequency Distribution of Item 35

Item 35: What would you say to your teacher?

- (1) This is fine, thank you.**
- (2) No, leave me alone!
- (3) You can't touch me!

(The ideal answer for every vignette is bold printed).

Table 8.32 Results of the Control Group on item 35 for the Pre- and Follow-up Tests

Possible Answer	Pre-Test		Follow-up Test	
	Frequency	Percent	Frequency	Percent
No answer	74	5.8	196	15.2
This is fine	718	55.7	727	56.4
No, leave me!	348	27.0	206	16.0
You can't!	150	11.6	161	12.5
Total	1290	100.0	1290	100.0

Table 8.32 illustrates the results of item 35 on the various tests conducted. The preferred answer for item 35 is 'This is fine, thank you' . This item also attempts to empower learners to be able to distinguish between appropriate and inappropriate touching and the proper ways of responding to it. Concerning the preferred answer, 718 learners (55.7%) indicated it during the pre-test. After a duration of six weeks, 727 learners (56.4%) learners indicated the preferred answer. An increase is evident between the pre- and follow-up tests without any intervention.

8.5.3.3 The Frequency Distribution of Item 36

Item 36: What would you do?

- (1) **Sit still until the plaster is on your knee**
- (2) Run away
- (3) Yell 'NO!' and push the teacher out of your way

(The ideal answer for every vignette is bold printed).

Table 8.33 Results of the Control Group on item 36 for the Pre- and Follow-up Tests

Possible Answer	Pre-Test		Follow-up Test	
	Frequency	Percent	Frequency	Percent
No answer	73	5.7	199	15.4
Sit still	818	63.4	713	55.3
Run away	317	24.6	259	20.1
Yell NO!	82	6.4	119	9.2
Total	1290	100.0	1290	100.0

Table 8.33 illustrates the results of item 36 on the various tests conducted. The preferred answer for item 36 is 'Sit still until the plaster is on your knee'. This item also attempts to empower learners to be able to distinguish between appropriate and inappropriate touching and the proper ways of responding to it. Concerning the preferred answer, 818 learners (63.4%) indicated it during the pre-test. After a duration of six weeks and without any interventions, 713 learners (55.3%) learners indicated the preferred answer. A decrease is evident between the pre- and follow-up tests.

8.5.3.4 The Frequency Distribution of Item 37

Item 37: What if you were playing at the park and a man you like said to you: 'Hey, I'll go buy you an ice cream cone if you take off your pants and let me touch your private parts'. Would this be okay for the man to do this?

1. Yes	2. No	3. I don't know
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(The ideal answer for every vignette is bold printed).

Table 8.34 Results of the Control Group on item 37 for the Pre- and Follow-up Tests

Possible Answer	Pre-Test		Follow-up Test	
	Frequency	Percent	Frequency	Percent
No answer	50	3.9	172	13.3
Yes	46	3.6	26	2.0
No	1166	90.4	1073	83.2
I don't know	28	2.2	19	1.5
Total	1290	100.0	1290	100.0

Table 8.34 indicates various differences in the distribution between the pre- and follow-up tests. As the preferred answer for this item is 'no', the discussion evolves around the frequency of this answer. This item attempts to empower learners to be able to distinguish between appropriate and inappropriate touching and the proper ways of responding to it.

During the pre-test 1166 learners (90.4%) indicated the preferred answer. This decreased to 1073 learners (83.2%) in the follow-up test after a duration of six weeks. A positive indication on this

distribution, is that the amount of learners that indicated 'yes, it would be okay for the man to do this', were 46 (369%) during the pre-test and decreased to 26 (2.0%) in the follow-up test.

8.5.3.5 The Frequency Distribution of Item 38

Item 38: What would you do?

- (1) You will stand still and will not know what to do
- (2) You will yell, run away and tell someone**
- (3) You will take the ice cream and take off your pants

(The ideal answer for every vignette is bold printed).

Table 8.35 Results of the Control Group on item 38 for the Pre- and Follow-up Tests

Possible Answer	Pre-Test		Follow-up Test	
	Frequency	Percent	Frequency	Percent
No answer	115	8.9	207	16.1
Stand still	159	12.3	103	8.0
Yell and run	988	76.6	950	73.6
Take the ice-cream	28	2.2	30	2.3
Total	1290	100.0	1290	100.0

Table 8.35 illustrates the results of item 38 on the various tests conducted. The preferred answer for item 38 is 'You will yell, run and tell someone' . This item also attempts to empower learners to be able to distinguish between appropriate and inappropriate touching and the proper ways of responding to it. Concerning the preferred answer, 988 learners (76.6%) indicated it during the pre-test. After a duration of six weeks, 950 learners (73.6%) learners indicated the preferred answer. A decrease is evident between the pre- and follow-up tests.

The amount of learners indicating that they will take the ice-cream and take off their pants, also increased from 28 in the pre-test to 30 in the follow-up test.

8.5.3.6 The Frequency Distribution of Item 39

Item 39: Who would you tell about this? (more than one may be indicated)

1. Mom	2. Dad	3. Teacher	4. Grandmother	5. Police	6. Somebody else
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Table 8.36 Results of the Control Group on item 39 for the Pre- and Follow-up Tests

Possible Answer	Pre-Test		Follow-up Test	
	Frequency	Percent	Frequency	Percent
Mom	512	39.7	472	36.6
Dad	367	28.4	385	29.8
Teacher	131	10.2	182	14.1
Grandmother	105	8.1	142	11.0
Police	736	57.1	794	61.6
Somebody else	45	3.5	36	2.8

Table 8.36 illustrates the distribution of the various people learners can turn to for a possible disclosure of sexual abuse and for assistance. The learners could indicate more than one person and therefore no total is indicated in Table 8.36. As there are no preferred answers here, a discussion around the frequencies of persons indicated is appropriate. During the pre-test, the person indicated most frequently for rendering assistance, was the police. The mother in the family is indicated as the second most frequent. The follow-up test indicates that the original pattern of the pre-test is repeated – the police and then the mother in the family are indicated.

8.5.3.7 The Frequency Distribution of Item 40

Item 40: This boy and girl are enjoying the beach. Please mark with your pencil where their private parts are.

Possible answers to be indicated:

- (1) Vagina Female
- (2) Breasts Female
- (3) Penis Male
- (4) Breast Male
- (5) Mouth Female

(6) Mouth Male

(7) Anus Female

(8) Anus Male

(The ideal answer for every vignette is bold printed).

Table 8.37 Results of the Control Group on item 40 for the Pre- and Follow-up Tests

Possible Answer	Pre-Test		Follow-up Test	
	Frequency	Percent	Frequency	Percent
Vagina	1131	87.7	1126	87.3
Breasts (F)	476	36.9	556	43.1
Penis	1102	85.4	1115	86.4
Breast (M)	140	10.9	195	15.1
Mouth (F)	12	0.9	17	1.3
Mouth (M)	11	0.9	17	1.3
Anus (F)	64	5.0	25	1.9
Anus (M)	60	4.7	24	1.9

Table 8.37 provides a distribution of the body parts indicated by the experimental group as private parts. The bold printed parts are viewed as the preferred answers – the vagina, penis, female breasts, male anus and female anus. The amount of learners indicating the penis and female breasts increased from the pre-test to the follow-up test. However, the amount of learners indicating the vagina and anus (male and female) decreased from the pre-test to the follow-up test.

8.5.4 The Reliability of the CKAQ-RIII

As the CKAQ-RIII is an American standardised questionnaire, the reliability of this questionnaire for the South African context is important. Reliability, according to Bostwick and Kyte (in Delport 2002:168), has been defined as the accuracy or precision of an instrument, as the degree of consistency or agreement between two independently derived sets of scores, and as the extent to which independent administrations of the same instrument yield the same (or similar) results under comparable conditions. Several procedures exist for establishing the reliability of an instrument, such as the test-retest and alternate-form methods and the split-half technique.

For the purpose of establishing reliability of the CKAQ-RIII for the study, the test-retest method has been used. Table 8.38 demonstrates the Pearson Correlation Coefficient Results on the results of the Appropriate Touch Subscale of the CKAQ-RIII as conducted during the pre-, post- and follow-up tests.

Table 8.38 Pearson Correlation Coefficient Results between the Pre-, Post- and Follow-up Tests with the CKAQ-RIII Appropriate Touch Subscale

Test	Pre-Test Appropriate	Follow-up Test Appropriate
Post-Test Appropriate	0.553**	0.541**

**p<0.01

According to Table 8.38, the Pearson correlation coefficient between the scores on the Pre-Test and the Post-Test on the Appropriate Subscale of the CKAQ-RIII is statistically significant ($r = 0.553$; $p < 0.01$). The coefficient between the scores on the Post-Test and Follow-up Test on the Appropriate Subscale of the CKAQ-RIII is also statistically significant ($r = 0.541$; $p < 0.01$).

Table 8.39 illustrates the Pearson Correlation Coefficient Results on the results of the Inappropriate Touch Subscale of the CKAQ-RIII as conducted during the pre-, post- and follow-up tests.

Table 8.39 Pearson Correlation Coefficient Results between the Pre-, Post- and Follow-up Tests with the CKAQ-RIII Inappropriate Touch Subscale

Test	Pre-Test Inappropriate	Follow-up Test Inappropriate
Post-Test Inappropriate	0.626**	0.659**

**p<0.01

As can be seen in Table 8.39, the Pearson correlation coefficient between the scores on the Pre-Test and Post-Test on the Inappropriate Touch Subscale of the CKAQ-RIII is statistically significant ($r = 0.626$, $p < 0.01$). The coefficient between the Post-Test and the Follow-up Test on the Inappropriate Touch Subscale of the CKAQ-RIII is also statistically significant ($r = 0.659$; $p < 0.01$).

In light of the above results, it seems that the CKAQ-RIII provides reliable and accurate measures on the Appropriate and Inappropriate Touch Subscales in the South African context.

8.6 SUMMARY

The most important characteristics of the sample are: the experimental group accounted for 24% of the total sample and the control group for 76%. Concerning gender distribution of the total sample, the percentage of boys was 51.5% and the girls 48.4%. The mean age of the sample was 9.66 years. Grade four learners included in this study were predominantly Afrikaans speaking (48.2%), then isiXhosa speaking (36.1%) and English speaking (15.7%). The sample consisted of 20.1% White, 40.2% Coloured and 39.7% Black grade four learners.

With regard to the pre-test knowledge of the experimental and control groups, analysis of variance indicated that on the Appropriate Touch Subscale the experimental and control groups are on the same knowledge level. However, on the pre-test of the Inappropriate Touch Subscale the experimental group has significantly more knowledge concerning inappropriate touching than the control group. The aim of this chapter was to test the hypotheses stated in Chapter One. Two of the three hypotheses were statistically supported in this sample. The first hypothesis was statistically supported as the experimental group's knowledge of body awareness does improve significantly during the pre-, post- and follow-up tests. The HOOC board game as intervention therefore had a significant effect on the improvement of knowledge.

However, the second hypothesis was not statistically supported in this sample. There is no significant difference in the knowledge improvement of body awareness between boys and girls in the experimental group – gender does not have a significant effect on knowledge improvement. The third hypothesis was statistically supported in this sample. There is a significant difference in the knowledge improvement of body awareness between the three ethnic groups in the experimental group – ethnic grouping had a significant effect on the improvement of knowledge.

Support was also found for the reliability of the CKAQ-RIII. The CKAQ-RIII provides reliable and accurate measures on the Appropriate and Inappropriate Touch Subscales in the South African

context. A more detailed discussion of the results as well as conclusions, recommendations and limitations of the study are presented in the following chapter.

CHAPTER NINE

CONCLUSIONS AND RECOMMENDATIONS

9.1 INTRODUCTION

In this chapter the most important findings in the research will be discussed. As the literature review concluded, the victimization of children has not declined, despite the attention CSA has received in recent years. The primary aim of the study thus was to develop a board game which can foster the prevention of sexual abuse of children, with a focus on grade four learners in the Western Cape. Three research hypotheses guided the study, as introduced in Chapter Eight. This chapter will consider the stated hypotheses and provide a foundation from the literature to support the findings. The additional items on the questionnaire are examined whereafter a general discussion is introduced to relate to possible factors influencing the HOOC board game. The reliability of the CKAQ-RIII in the South African context will be introduced. Conclusions and recommendations for future study conclude the chapter.

9.2 DISCUSSION OF THE HYPOTHESES

The discussion of the three hypotheses that guided this study are conducted under three separate headings:

- The Improvement of Body Awareness Knowledge,
- The Improvement of Body Awareness Knowledge and Gender,
- The Improvement of Body Awareness Knowledge and Ethnicity.

The hypotheses mainly focused on the experimental group, but as the researcher aims to provide a holistic picture of the findings, discussions concerning the control group are also introduced.

9.2.1 The Improvement of Knowledge of Body Awareness

9.2.1.1 The Pre-Test Scores for the Experimental and Control Groups

According to Table 8.3 (see Chapter Eight) there is no significant correlation between the experimental and control groups on the pre-test scores of the Appropriate Touch Subscale. However, on the Inappropriate Touch Subscale there is a significant correlation between the experimental and control groups on the pre-test scores. It seems that there was no difference

between the pre-test scores of the experimental and control groups concerning their knowledge of appropriate touching. Thus, the two groups were on the same level of knowledge regarding appropriate touching before any interventions were implemented. On the Inappropriate Touch Subscale the experimental group had significant more knowledge on inappropriate touching than the control group. In other words, the experimental group had more knowledge before any interventions were implemented.

All the schools included in the study have been exposed to the Hands Off Our Children Prevention Campaign (HOOC) within six to twelve months prior to the implementation of the board game. A possible contributing factor to the difference between the experimental and control groups' level of knowledge of body awareness on the pre-test, may therefore be the impact of the HOOC Prevention Campaign.

However, as the researcher selected both groups using randomised sampling, each member within the population had an equal chance of being selected. Strydom and Venter (2002:209) emphasise that random sampling is the most reliable method of assuring the representation of samples. The suitability of the sampling frame was pre-tested by the researcher during the pilot study and as it was feasible in practice, the researcher did not adapt the sampling frame. As each member of the universe had an equal chance of being selected for either the experimental or control group, the significant difference in knowledge on the Inappropriate Touch Subscale may be simply due to chance. As Wright (cited in Mouton 1996:139) comments: 'We might do all the right things, get a complete list of the population, use a table of random numbers, employ redundant safeguards and nevertheless end up with all the fat ones or all Democrats... purely by chance'. The researcher thus ascribes the significant difference in knowledge to chance.

9.2.1.2 The Pre-, Post- and Follow-up Test Scores for the Experimental Group

The Appropriate and Inappropriate Touch Subscales are discussed separately:

- *Appropriate Touch Subscale*

Table 8.6 (see Chapter Eight) illustrates the significance between the pre-, post- and follow-up tests for the experimental group on the Appropriate Touch Subscale. There is an indication that significant differences exist between all three tests. In other words, there is a significant difference

in knowledge between the pre- and post-tests, the post- and follow-up tests, as well as between the pre- and follow-up tests.

There was a significant increase in knowledge on appropriate touching within the experimental group from the pre-test to the post-test. Between the pre- and post-tests the HOOC board game was implemented as intervention. However, from the post-test to the follow-up test six weeks later, there was a significant decrease in knowledge. As there is a significant increase in knowledge from the pre-test to the follow-up test, this indicates that the grade four learners still retained knowledge over the six week period that they did not possess during the pre-testing. This has implications for the period of time and frequency learners in grade four have to be exposed to stimuli in order to aid retention.

Appropriate touch items, or benign items, as assessed by Liang and colleagues (1993), do not typically improve significantly after participation in a programme, and in a cluster analysis, these authors concluded that the items appear conceptually unrelated to items about skills in sexual abuse situations. Blumberg and colleagues (1991) developed research with seven vignettes (four dealing with appropriate touch and three dealing with inappropriate touch). Although the children in their study knew much of the information regarding inappropriate touch at pre-test, they had difficulty identifying appropriate touch. After participating in a prevention programme, these children significantly improved their ability to identify appropriate touch. Thus, it may be that knowledge about appropriate touch constitutes a different variable than knowledge about inappropriate touch and should be assessed separately. The researcher agrees with Blumberg and colleagues in saying that knowledge about appropriate touching possibly constitutes a different variable than knowledge about inappropriate touching. Separate assessment is recommended by the researcher as well.

- *Inappropriate Touch Subscale*

According to Table 8.7 (see Chapter Eight) there are significant differences between the improvement of knowledge within the experimental group's pre-, post- and follow-up tests on the Inappropriate Touch Subscale. There is thus a significant difference in knowledge between the pre- and post-tests, the post- and follow-up tests, as well as between the pre- and follow-up tests.

There was a significant increase in knowledge from the pre-test to the post-test. Between the pre- and post-tests the HOOC board game was implemented as intervention. There was also a significant increase in knowledge on inappropriate touching from the pre-test to the follow-up test six weeks later, thus indicating that the learners possessed more knowledge than before they were exposed to the HOOC board game. There is a minor decrease in knowledge between the post- and follow-up tests but it is of no statistical significance. Tutty (1997:869-880) administered the CKAQ on 231 children to determine whether an elementary school-based prevention programme was effective. The post-test's results namely that the children who received the programme increased their knowledge on both the Appropriate and Inappropriate Touch Subscales to a more significantly degree than the control group, confirms the findings of Tutty.

These results have several implications for the present study. Since it seems that grade four learners' knowledge on appropriate and inappropriate touching decreased after six weeks, the researcher is of the opinion that preventive programmes or preventive stimuli need to be repeated on a regular basis. Grade four learners need to be exposed to these stimuli on a frequent basis to keep them alert and informed. The researcher is concerned that the knowledge on appropriate touching decreased as this is vital information the learners need to possess. It may occur that children may overreact to inappropriate touch through the generalisation of perfectly appropriate situations to inappropriate situations. It also seems, from the abovementioned results, that the HOOC board game has a slight tendency to empower learners more on inappropriate touching than appropriate touching. It may be due to the fact that learners tend to discuss inappropriate ways and situations more frequently than the appropriate.

9.2.1.3 The Pre-Test and Follow-up Test Scores for the Control Group

According to the obtained results in Table 8.7 (see Chapter Eight) there was a significant decrease in knowledge of body awareness on the Appropriate Touch Subscale for the control group. One would expect that knowledge on both the scales will decrease in a period of six weeks without any interventions. However, there was a significant increase in knowledge of body awareness on the Inappropriate Touch Subscale. It thus seems that the control group was positively influenced on the inappropriate touch knowledge although no interventions were implemented. A possible explanation may be that the pre-test stimulated some children to search for correct answers to

those questions they may have answered incorrectly, by asking others, or by paying special attention should they come across such information. These results are confirmed by Tutty (1992:380) who tested 400 children in four groups with the CKAQ, still unrevised at that stage, of which half of the sample participated in a prevention programme. The knowledge of the children that had no exposure to the programme, changed substantially from the pre-test to the follow-up test after 5 months on the Appropriate and Inappropriate Touch Subscales. Similar findings in another study conducted by Tutty (1997:874) confirm the results that the control group's knowledge on both the Appropriate Touch and Inappropriate Touch Subscales improved as well.

9.2.1.4 The Follow-up Test Scores for the Experimental and Control Groups

The results obtained in Table 8.9 (see Chapter Eight) indicate a significant difference in knowledge improvement on the two subscales within the control and experimental groups. The follow-up test scores indicate that on the Appropriate Touch Subscale the experimental group scored significantly higher than the control group. On the Inappropriate Touch Subscale the experimental group also scored significantly higher than the control group. Thus, after a six weeks duration after the HOOC board game was implemented, the experimental group had significant more knowledge on appropriate and inappropriate touching than the control group.

Oldfield and colleagues (1996:821-832) used the CKAQ-R to assess the effectiveness of project TRUST, an elementary school-based victimization prevention strategy and found that the experimental group demonstrated significantly greater knowledge of maltreatment prevention information than the control group. The improvement of knowledge after the implementation of a preventive intervention between pre- and follow-up tests for the age group of nine to twelve years old, confirms the findings of Hazard *et al.* (1991), Oldfield *et al.* (1996), Taal and Edelaar (1997).

However, as mentioned in Chapter Three, Hazard *et al.* (1991) concluded in their study that during post-testing, there were no significant differences between the intervention and control group children's ability to demonstrate prevention skills, such as saying 'no', leaving and telling someone. At the 1-year follow-up, children who participated in the programme the previous year, whether with or without a booster session, showed a significant increase in knowledge of CSA. As the follow-up

testing for the present study was conducted after a relative short period of six weeks, the researcher recommends that the follow-up testing needs to be conducted after a longer period.

As the HOOC board game is developed to be age-appropriate and to address the specific developmental phase of grade four learners, the researcher is convinced that the appropriateness of the board game is a contributing factor to the improvement of knowledge of body awareness. As stated by Shapiro (1998:115), developmental factors are important to consider in planning methods of communicating prevention information and skills. Younger children need to have ideas presented in simple language, in a concrete rather than abstract manner, and with lots of examples. For younger children, learning is often easier and less anxiety-producing when material is presented through play or imaginative activities. The HOOC board game incorporates all these facets.

The experimental group's knowledge of body awareness, after the implementation of the HOOC board game, did improve significantly between the pre-, post- and follow-up tests. These findings support the effectiveness of the HOOC board game as a strategy to increase prevention knowledge.

9.2.2 The Improvement of Knowledge of Body Awareness and Gender

The four sections concerning knowledge of body awareness and gender are briefly introduced whereafter the combined discussion follows.

9.2.2.1 The Experimental Group's Knowledge of Body Awareness: Appropriate Touch Subscale and Gender

According to Table 8.11 (see Chapter Eight) there is no significant difference between the improvement of knowledge of body awareness on the Appropriate Touch Subscale within the experimental group and gender. The descriptive statistics (see Chapter Eight) illustrate that the boys knew slightly more about appropriate touching than the girls in the experimental group during the pre-test. The girls, however, seemed to gain more knowledge after the implementation of the HOOC board game than the boys. The boys had a longer duration of knowledge concerning appropriate touching than the girls. These differences, however, are not significant. There seems to

be no significant difference between the gender of a learner and the improvement of knowledge of body awareness on the Appropriate Touch Subscale.

9.2.2.2 The Experimental Group's Knowledge of Body Awareness: Inappropriate Touch Subscale and Gender

The results obtained in Table 8.12 (see Chapter Eight) indicate no significant difference between the improvement of knowledge of body awareness on the Inappropriate Touch Subscale within the experimental group and gender. However, the descriptive statistics (see Chapter Eight) reflected a similar trend to the Appropriate Touch Subscale, the boys knew slightly more about inappropriate touching than the girls in the experimental group during the pre-test. The girls, however, seemed to gain more knowledge after the implementation of the HOOC board game than the boys. The boys had a longer duration of knowledge concerning inappropriate touching than the girls. These differences are not significant. There thus seems to be no significant difference between the gender of a learner and the improvement of knowledge of body awareness on the Inappropriate Touch Subscale.

9.2.2.3 The Control Group's Knowledge of Body Awareness: Appropriate Touch Subscale and Gender

The control group demonstrated a decrease in knowledge between the pre- and follow-up tests on the Appropriate Touch Subscale. According to Table 8.14 (see Chapter Eight) there is no significant difference between the decrease in knowledge of body awareness on the Appropriate Touch Subscale within the control group and gender. As stated in Chapter Eight, the descriptive statistics reflect a gender difference concerning the knowledge on appropriate touching as the boys knew slightly more than the girls on the pre-test on appropriate touching. The boys also tended to have a longer duration of the knowledge as the girls. This was, however, not of statistical significance. There seems to be no significant difference between the gender of a learner and the improvement of knowledge of body awareness on the Appropriate Touch Subscale.

9.2.2.4 The Control Group's Knowledge of Body Awareness: Inappropriate Touch Subscale and Gender

The results obtained in Table 8.15 (see Chapter Eight) indicate no significant difference between the improvement of knowledge of body awareness on the Inappropriate Touch Subscale within the experimental group and gender. However, the descriptive statistics (see Chapter Eight) illustrates that the boys knew slightly more about inappropriate touching than the girls during the pre-test. In contrast to expectations, the knowledge of boys and girls increased after six weeks without any similar interventions. The girls' knowledge increased more than the boys' knowledge on inappropriate touching. This was, however, of no statistical significance. There thus seems to be no significant difference between the gender of a learner and the improvement of knowledge of body awareness on the Inappropriate Touch Subscale.

These findings correlate with other research conducted by several researchers. As stated in the literature review, Tutty (1997:877) reviewed the effects of gender in learning sexual abuse prevention concepts and concluded that the gender of the child makes no overall difference in response to the programme. Tutty (in School-based Violence Prevention Programmes 2003:6), in five studies, also found no significant differences in the average knowledge of boys and girls after attending programmes. This result fits with most of the previous research that has evaluated the effects of gender (Briggs & Hawkins 1994; Dhooper & Schneider 1995; Peraino 1990; Tutty 1992). In contrasting research, Hazard and colleagues (1990, 1991) reported that girls learned and maintained more of the material. However, Woolley and Gabriels (1999:6) also found no statistical significant difference on the interaction effect of grade and gender.

The null hypothesis is therefore not rejected as the findings support the hypothesis that there is no significant difference in the knowledge improvement of body awareness between boys and girls on the pre-, post- and follow-up tests.

9.2.3 The Improvement of Knowledge of Body Awareness and Ethnicity

The four sections concerning knowledge of body awareness and ethnicity are briefly introduced whereafter the combined discussion follows.

9.2.3.1 The Experimental Group's Knowledge of Body Awareness: Appropriate Touch Subscale and Ethnicity

The results obtained in Table 8.17 (see Chapter Eight) indicated that the three ethnic groups of learners responded significantly different on the improvement of knowledge on the Appropriate Touch Subscale. As stated in Chapter Eight, the descriptive statistics reflect a difference between the ethnic groups concerning the pre-test level they were functioning on before the HOOC board game was implemented. The Coloured ethnic group seems to know more than the White and Black ethnic groups about appropriate touching. The Black ethnic group seems to be on the lowest level of knowledge on appropriate touching. All three groups' knowledge of appropriate touching increased after the implementation of the HOOC board game. All three groups' knowledge decreased after six weeks. The White and Coloured ethnic groups' knowledge decreased to a level higher than their original functioning knowledge level. The Black ethnic group, however, decreased to the original functioning knowledge level.

Table 8.18 (see Chapter Eight) illustrates the relationships between the three ethnic groups accommodated in the present study. There is a significant difference in the knowledge improvement between the White and Black ethnic groups on the Appropriate Touch Subscale. The White group's knowledge improved significantly more than the Black group's. There is also a significant difference in the knowledge improvement between the Coloured and Black ethnic groups. The Coloured group's knowledge improved significantly more than the Black group's. There is no significant difference in the knowledge improvement between the Coloured and the White groups.

9.2.3.2 The Experimental Group's Knowledge of Body Awareness: Inappropriate Touch Subscale and Ethnicity

According to Table 8.19 (see Chapter Eight) the three ethnic groups of learners responded differently on the improvement of knowledge on the Inappropriate Touch Subscale. The descriptive statistics (see Chapter Eight) indicate that there is an increase in knowledge on inappropriate touching within the White and Black ethnic groups after a duration of six weeks without any similar interventions. Although the Coloured group's mean knowledge level decreased after six weeks, it was still higher than the original mean knowledge level of the group. Table 8.20 (see Chapter

Eight) illustrates the significance of these differences within the three ethnic groups. There is a significant difference between all three ethnic groups. The White group's knowledge improved significantly more than the Coloured and Black groups' knowledge on inappropriate touching. The Coloured group improved significantly more than the Black group. A positive indication is that the knowledge between the pre- and follow-up tests for all three ethnic groups improved significantly.

9.2.3.3 The Control Group's Knowledge of Body Awareness: Appropriate Touch Subscale and Ethnicity

The results obtained in Table 8.22 (see Chapter Eight) indicated that the three ethnic groups of learners responded differently on the improvement of knowledge on the Appropriate Touch Subscale. According to the descriptive statistics stated in Chapter Eight, there is a difference between the ethnic groups on the pre-test level they were functioning on before the HOOC board game was implemented. The control group's White ethnic group knows more than the Coloured and Black ethnic groups about appropriate touching. The Coloured ethnic group scored the lowest on the level of knowledge on appropriate touching. Interestingly enough, the White group's knowledge increased during the follow-up test without any interventions. The Coloured and Black ethnic groups' knowledge decreased after six weeks.

The researcher is concerned about the learners' decrease in knowledge on appropriate touching after six weeks. Although partial retention is expected, the duration of the retention should guide educators and professionals with time frames for presenting information to children.

9.2.3.4 The Control Group's Knowledge of Body Awareness: Inappropriate Touch Subscale and Ethnicity

According to Table 8.23 (see Chapter Eight) the three ethnic groups of learners differently improved their knowledge on the Inappropriate Touch Subscale. The descriptive statistics reflect that there is an increase in knowledge on inappropriate touching within the White, Coloured and Black ethnic groups without any interventions. Although these learners received no interventions, their knowledge increased from the pre-test to the follow-up test six weeks later. A possible explanation may be that the learners discussed the testing with one another and that inappropriate touching was a more readily discussed topic as appropriate touching. Another possible explanation

could be that the learners were stimulated by the pre-test and asked questions at home or school regarding the concepts.

According to these results the ethnic groups of learners differed significantly on the improvement of knowledge on body awareness. At the pre-test a trend towards knowledge inequality was evident. A factor to keep in mind in attempting to explain these results, is the use of field workers during the data gathering phase. Due to the home languages of the three ethnic groups, different field workers were used for the different groups. Although these field workers were trained in a similar manner, there were differences relating to their conduct towards the children and the implementation of the board game. It was evident for the researcher that the isiXhosa speaking field workers, working with the Black ethnic group, were more concerned about the process of the game than the outcomes. In contrast, the Afrikaans and English speaking field workers, working with the White and Coloured ethnic groups, were more concerned about the outcomes of the game. This may be a contributing factor relating to the different levels of knowledge between the three ethnic groups.

The researcher is of the opinion that these differences in knowledge could possibly be ascribed to educational and cultural differences. Claassen (1998:231) explains that South Africa is not simply a multi-cultural society. It is a multi-cultural society in which acculturation of many kinds is taking place and in which a new nationhood is actively encouraged. The cultural distances between cultures and subcultures vary and the cultural distances are not the same for various facets of behaviour. The meanings of behaviour differ and the values underlining certain kinds of behaviour differ.

As there are still severe disparities in the South African society, the circumstances in which the majority of families have lived impacted negatively on their capacity to meet the most fundamental needs of children. Deprivation, violence, malnutrition, poor health and inferior education are factors to be considered. Dawes and Donald (2000:8) emphasise that the majority of South African children live in chronic poverty. For many, relationships with caregivers are disrupted by factors associated with migration from rural areas to cities. Sometimes it is difficult to determine who the real caregivers are. The living conditions are overcrowded hostels where home is effectively the

family bed, shared by both adults and children. Under such circumstances, proximal relationships are likely to be unstable and children are frequently exposed to alcohol abuse, domestic violence and other adverse conditions associated with chronic poverty. Adding to these circumstances, are the educational facilities these children have within their communities. Many of the schools within the communities are not well designed to retain the learners, to deal with their learning difficulties or to prepare them for life ahead. Schools themselves are often unsafe environments in violent communities. The researcher is of the opinion that educational back logs have a significant influence on the performance of children on any intervention – whether preventative or therapeutic. The learner who received less stimulation and educational exposure will experience any intervention as more of a challenge than a well-stimulated learner.

The researcher experienced during the study that the learners from the less stimulated and exposed communities, reacted differently on the board game. These learners tended to be fascinated by the appearance of the board game. They were intrigued by the concept – possibly because they have never really been exposed to board games before. The researcher is of the opinion that these learners were so fascinated by the novelty of the game, that important information which had to be conceptualised, were lost. The learners from the more stimulated and exposed communities, tended to focus on the informational aspects of the board game and were not so fascinated by the visual appearance. These learners probably are used to these kinds of visual stimuli and could therefore immediately focus on the task at hand.

The socio-cultural histories of individuals - the history of the society in which they grow up as well as their own histories and experiences in their society – determine the level of cognitive development they will reach and the cognitive skills they will acquire. This is because the cultural context in which they function provides opportunities that enhance (support) the development of the cognitive skills necessary in the particular cultural context. (Meyer & Van Ede 1998:89.) The researcher is of the opinion that Vygotsky's theory assists in explaining the diversity within cognitive skills across cultures. By stressing the role of culture in cognitive development, the importance of the surroundings and settings where children grow up, are emphasised. It is therefore important to look at the milieu where children grew up in order to understand their ways

of thinking. As there are a variety of cultures within the South African context, this is particularly applicable.

Within the different cultures in South Africa, there are various values and ideas about childhood and the place of the child in society. Cultural scripts may include developing obedience to authority and respect for senior members of the community as goals of child-care. In many African communities the means to the attainment of this goal is strict discipline. Obedience to authority as a desired outcome of socialisation may reflect long-established cultural values. Strict discipline, however, that promotes obedience is sometimes a source of protection to children. Compliant children who listen to their caregivers, regardless of who they are, will be safer than those who are freer to exercise their will. (Dawes & Donald 2000:5.) The researcher is of the opinion that cultural values impact a learner's idea and definition of sexual abuse. Child sexual abuse is a phenomenon that is well-known amongst the White and Coloured ethnic groups within the area the study was conducted in. These children are more familiar with preventative concepts, tend to disclose more often and the cases are referred for investigation. However, similar findings are not present within the Black communities. Child sexual abuse is still a taboo topic not to be discussed. Due to the patriarchal system, power imbalances tend to occur and the child does not have any power of rights within the family system. The role of education on various levels is imperative.

The researcher believes that these results have implications for the presentation of preventative measures within the different ethnic contexts. The learners within the more challenged communities tend to have an education backlog regarding preventative concepts. When preventative work is done, the learners have to be addressed on their level of functioning with concrete and child friendly tools – as the HOOC board game. The frequency of the exposure must be monitored and repetition on a regular basis is recommended to ensure sufficient retention of concepts. The learners in the more developed communities also benefited from the board game as a preventative measure as they could increase their current knowledge base. They enjoyed the interaction and the competitiveness surrounding the board game of 'who will be there first'. The board game encouraged discussion on various levels – from more generalised dangerous situations to more specific abuse-related situations.

Thus, in light of the abovementioned results, there seems to be a significant difference in the improvement of knowledge on body awareness and ethnicity.

9.3 DISCUSSION OF THE ADDITIONAL ITEMS ON THE QUESTIONNAIRE

The additional seven items on the questionnaire are discussed accordingly. Possible trends between the preferred answer on the pre-, post- and follow-up tests of the experimental and control groups are discussed.

9.3.1 The Results of the Experimental and Control Groups on Item 34

Item 34 relates to appropriate touching. More than two thirds of the experimental group indicated the preferred answer in the pre-test. This increased during the post-test and decreased back to the original percentage during the follow-up test. The control group, however, started at a slightly higher percentage of preferred answer indication but the control group decreased to a much lower percentage after a period of six weeks without any exposure to interventions.

It seems thus that the frequency of the preferred answer increased after the implementation of the HOOC board game. This information decreased after a duration of six weeks.

9.3.2 The Results of the Experimental and Control Groups on Item 35

Item 35 relates to appropriate touching and how the learner would respond verbally within the situation. More than half of the experimental group indicated the preferred answer for this item during the pre-test. The percentage increased with 16% during the post test. The same tendency was experienced as with item 34 – a decrease in the percentage during the follow-up test. However, the follow-up test's percentage was still higher than the original pre-test's. The control group had a slight increase in percentage from the pre-test to the follow-up test. This may be due to learners asking questions and discussing the concepts.

In the whole the frequency of the preferred answer increased after the implementation of the HOOC board game. This information decreased after a duration of six weeks.

9.3.3 The Results of the Experimental and Control Groups on Item 36

Item 36 relates to appropriate touching and how the learner would respond actively within the situation. More than two thirds of the experimental group indicated the preferred answer for this item during the pre-test. The percentage increased with 10% during the post test. The same tendency was experienced as with items 34 and 35 – a decrease in the percentage during the follow-up test. However, the follow-up test's percentage was still higher than the original pre-test's. Initially, the control group had a slightly higher percentage of preferred answer indication but decreased to a much lower percentage after a period of six weeks without any exposure to interventions.

It therefore seems that the frequency of the preferred answer increased after the implementation of the HOOC board game. This information decreased after a duration of six weeks.

9.3.4 The Results of the Experimental and Control Groups on Item 37

Item 37 refers to inappropriate touching. Almost 90% of the experimental group indicated the preferred answer. This increased during the post-test, after the implementation of the HOOC board game. However, the percentage decreased after a period of six weeks without any interventions, to a lower percentage than the original at the pre-test level. Item 37's pattern therefore differed slightly from the previous items.

The indication percentage of the preferred answer by the control group decreased after a period of six weeks. There was therefore an increase in the preferred answers to the inappropriate touching vignette after the implementation of the HOOC board game.

9.3.5 The Results of the Experimental and Control Groups on Item 38

Item 38 relates to inappropriate touching and how the learner would respond actively within the situation. Almost 80% of the experimental group indicated the preferred answer for this item during the pre-test. The percentage increased during the post test. The same tendency was experienced as with items 34, 35 and 36 – a decrease in the percentage during the follow-up test. However, the follow-up test's percentage was still higher than the original pre-test's. The control group showed a

decrease in indication percentage of the preferred answer after the six week period without any interventions.

The increase of preferred answers may be linked to the HOOC board game.

9.3.6 The Results of the Experimental and Control Groups on Item 39

As discussed in Chapter Eight, item 39 depicts the various people learners can turn to for a possible disclosure of sexual abuse and for assistance. The learners could indicate more than one person. Since there are no preferred answers to this item, the responses of the learners will be discussed. During the pre-test, the person indicated most frequently for rendering assistance, was the police and the mother came in second. At the post-test the learners indicated 'someone else' as the most frequent for rendering assistance. The follow-up test indicates that the original pattern of the pre-test is repeated – the police and then the mother in the family are indicated.

A similar pattern was found within the control group. The control group indicated, during the pre-test, the police most frequently for rendering assistance. The mother in the family is indicated as the second most frequent. The follow-up test indicates that the original pattern of the pre-test is repeated – the police and then the mother in the family are indicated.

The researcher is satisfied that the learners have a fairly good idea of where to go to for help and to whom to disclose. The researcher is concerned, however, about the practicality of the learners' choice of the police as the most frequent persons to disclose to. A grade four learner is not able to go to the police on her own to make a statement – there must be a disclosure to a person in the family or another trusted adult before the police can be included. The learner needs assistance to get to the police office as it is not within walking distance in some of the communities. A mediator is therefore inevitable before disclosure to the police can take place.

However, the researcher is concerned about the question of transfer of what has been learned. The study did not determine the correlation between the improvement of knowledge and the transference thereof to behaviour. The most important issue in the debate about victimization prevention programmes touches on a fundamental problem inherent to this type of primary prevention, namely the question of transfer of what has been learned. Although the results of

various studies indicate that programmes are effective in terms of acquisition of sexual abuse concepts and self-protection skills, this does not constitute sufficient proof of their ultimate effectiveness since transfer to real life situations has not been demonstrated. (Rispen *et al.* 1997:984.) Some studies indicate that a higher number of disclosures of sexual abuse was found in the intervention group compared to the control group during the follow-up period (Oldfield *et al.* 1996). Some authors conclude, on the basis of interviews with offenders, that potential perpetrators are deterred by children who indicate that they will tell their parents about the abuse (Elliott *et al.* 1995:587). However, the evidence seems circumstantial and no direct measurements of transfer are available.

In one of the most comprehensive examinations of sexual abuse prevention programmes to date, Finkelhor and colleagues (Finkelhor, Asdigian, & Dziuba-Leatherman in Gibson & Leitenberg 2000:1116) found that children who had been exposed to more comprehensive school-based prevention programmes scored better on a test of knowledge about sexual abuse, were more likely to report using self-protection strategies when threatened or victimised, were more likely to feel they had successfully protected themselves, and were more likely to have told someone after an attempted victimization. This research also provided data suggesting that children use knowledge gained from school-based prevention programmes in real sexual abuse situations.

The researcher recommends further study to explore this phenomenon.

9.3.7 The Results of the Experimental and Control Groups on Item 40

Item 40 provides a distribution of the body parts indicated by the experimental group as private parts. The preferred answers are the vagina, penis, female breasts, male anus and female anus.

The amount of learners in the experimental group indicating the vagina, penis and female breasts increased from the pre-test to the follow-up test. However, the amount of learners indicating the anus (male and female) decreased from the pre-test to the follow-up test. The amount of learners in the control group indicating the penis and female breasts increased from the pre-test to the follow-up test. However, the amount of learners indicating the vagina and anus (male and female) decreased from the pre-test to the follow-up test.

The researcher is of the opinion that the learners have a fairly good grasp of what private parts entail as the metaphor of private parts being the parts of the body covered by a swimming costume seem to work well. However, the researcher is concerned about the few learners indicating the anus as a private part. This needs to be addressed within preventive programmes.

Generally, there seems to be an increase in the indication of the preferred answers within the experimental group between the pre- and post tests. A small decrease tend to appear within the follow-up test. The HOOC board game had a positive effect on the experimental group's indication of preferred answers on appropriate and inappropriate touching, to whom to disclose as well as knowledge on the private parts of their bodies.

9.4 GENERAL DISCUSSION

Given that sexual abuse is likely to confront young children, a host of prevention initiatives have been developed in an attempt to reduce its prevalence. A variety of interventions are feasible but the vast majority of programmes have adopted an educative approach and have focussed directly on children as potential victims.

While the objectives of the various child-centered programmes are similar, the different interventions vary considerably regarding their duration (from 30 – 60 minutes up to 30 hours) and the number of sessions offered. In order to convey the different prevention concepts, programmes rely on different type of materials: films and audiovisual material, theatrical presentations, didactic materials, group discussions and behavioural techniques such as role-playing, modelling and reinforcement. Hébert, Lavoie and Parent (2002:355) add that a number of studies have been conducted to evaluate the impact of child-centered sexual abuse prevention programmes. Studies generally conclude that children in elementary school who participate in prevention programmes have better knowledge and prevention abilities than their non-trained peers (Araji, Fenton & Straugh 1995; Berrick & Barth 1992; Daro 1994; Tutty 1992; Wurtele & Miller-Perrin 1992).

Within this context, the researcher aimed to develop a cost-effective and age-appropriate board game in the three main languages of the Western Cape in South Africa – Afrikaans, English and

isiXhosa. The focus of the board game is primarily on sexual abuse and equipping the child on the danger of familiar people in her life as well – not solely the stranger danger concept.

The researcher defined the research problem area as the following:

- The alarming incidence and prevalence of CSA challenge professionals, parents and educators to protect, assist and aid children.
- The professional working in the field of CSA as well as the parents and educators, do not have a practical play-related preventative intervention programme suitable for the multi-ethnic nature of South Africa.
- There thus exists a need for practical guidelines, especially with regards to a board game as a play-technique, to be used as a preventative measure against child sexual abuse.

In addition, the following had to be determined within a South African context:

- The extent of the problematic condition

What is the nature of the current knowledge base with regards to board games as preventative measure and what further research is needed to improve the service professionals deliver to children in this regard?

- The component aspects of the problematic condition

What is the nature of aspects of prevention that professionals / parents / educators view as problematic with reference to CSA?

- The possible causal factors which may impact these component aspects

What need will the newly developed board game for grade 4 children in South Africa address?

The researcher established that further researcher relating the use of board games as preventative measures in South Africa is needed. The current knowledge base was not sufficient. Most of the consulted professionals indicated a dire need for play-related techniques to enhance communication with children and to address preventative concepts within an educational,

preventative or therapeutic context. The researcher was not able to find board games developed for specialised populations in South Africa. These games had to be imported at a costly rate. As the researcher aims to develop a board game for a specialised group at a cost-effective rate, these board games did not address the researcher's need.

The few available games within South Africa, are not specialised enough on child sexual abuse and a facilitator should be present when these games are played to assist younger children. None of these games are available in isiXhosa. The HOOC board game is developed as an age-appropriate game to be distributed to the children in grade four in the Western Cape. The HOOC board game, being practical and educational, has the goal of teaching children self-protective behaviours that can lower their probability of being abused. The specific skills taught are:

- Recognizing dangerous situations,
- Distinguishing between appropriate and inappropriate touching,
- Resisting abuse,
- Facilitating disclosure.

Shapiro (1998:106) adds that there appears to be a consistent, inverse relationship between the skills for self-protection and the forms of psychological harm frequently suffered by sexual abuse victims. Children capable of self-protection have been described as possessing a good self-esteem, assertiveness skills, strong communication abilities, a firm sense of personal boundaries, and the capacity to question authority figures.

Developmental and age-appropriate materials are essential. Many sexual abuse programmes begin their efforts in the early school years (pre-school or kindergarten to grade 3). Tutty (1995) identified a common set of core concepts that is included in most of these programmes:

- Labelling of body parts;
- 'Good', 'bad' and 'confusing' touches;
- Body ownership;

- Permission to say 'no';
- Secrets about touching should not be kept;
- To tell and to keep telling until an adult believes them.

Recommendations about core content that have emerged over time include stressing positive or negative feelings about a touch rather than that a touch is either good or bad, and using anatomically correct names for body parts such as penis or breasts. These aspects were accommodated within the HOOC board game.

The HOOC board game is developed as an age-appropriate game to be distributed to the children in grade four in the Western Cape. The initiative is to provide each child with a hands-on preventative measure to be taken home. The board game is developed to be played by children without a facilitator. A facilitator may be present but the board game is developmentally appropriate for grade four children to be able to play the board game without guidance. When children receive the board game, it should be taken home to enter the child's system and hereby including the parents as well. Training for educators and parents to assist children in playing the HOOC board game is not a necessity, although the researcher ideally prefers a short workshop to educators and parents from schools before implementing the board game.

The HOOC board game can be described as an educational board game with a communicative and preventative focus. As the HOOC board game has a competitive focus, the play cannot continue for an unlimited amount of time. However, this is not viewed by the researcher as a disadvantage. Within the genre of an educational focus, a competitive game was more applicable and motivating for the specific age group. The HOOC board game could be implemented within a therapeutic context to aid the therapist in educating the child on preventative concepts. The board game could assist in establishing rapport, as well as provide valuable insight on the child's functioning within a set of rules. Group interaction may be facilitated by the HOOC board game, as well as providing opportunities for the children to gain mastery and achieve a sense of competence.

The acceptability of the HOOC board game as a preventative measure against the sexual abuse of grade four children in South Africa are supported by the findings in the discussion. The reliability of the Children's Knowledge of Abuse Questionnaire (CKAQ-RIII) within the South African context is discussed accordingly.

9.5 THE RELIABILITY OF THE CKAQ-RIII

The CKAQ-RIII, being an American standardised questionnaire, has strong psychometric properties within the Western context. It was imperative to determine the reliability within the unique South African context.

There is a significant relationship between the pre-, post- and follow-up tests for the Appropriate and Inappropriate Touch Subscales within the experimental group. It thus seems that the CKAQ-RIII provides reliable and accurate measures on the two subscales within the South African context.

Working within more than one ethnic group is a challenging task as several other factors must be accommodated. One must never assume that what applies for one cultural or ethnic paradigm, works exactly the same with another. The ideal would have been to use a South African standardised questionnaire for the study. There is however only a few standardised measures available to assess knowledge gain with respect to child abuse prevention concepts. Therefore, an American standardised questionnaire had to be used. Since there is strong psychometric data available on the CKAQ-RIII, the researcher explored the psychometric properties within the South African context. The researcher urges further investigation concerning the validity and reliability of the CKAQ-RIII within the South African context.

9.6 RECOMMENDATIONS

From the study, the following recommendations are made:

- 9.6.1 As the experimental group had significant more knowledge on the Inappropriate Touch Subscale than the control group during the pre-test, the researcher recommends further study with a similar group in order to address the knowledge inequality.

- 9.6.2 As the follow-up test was conducted after six weeks, the researcher recommends further study where the follow-up test is conducted after a longer duration of time.
- 9.6.3 All the schools included in the study have been exposed to the Hands Off Our Children Prevention Campaign before the board game was implemented. It is recommended that the difference in knowledge between schools that received exposure and the schools that did not receive exposure to a preventative campaign, be explored.
- 9.6.4 The correlation between the improvement of knowledge of body awareness and the transference to protective behaviour within threatening situations need to be explored.
- 9.6.5 The American standardised CKAQ-RIII's psychometric properties within the South African context needs to be further validated. The psychometric properties on different age groups and different time frames may be investigated. The question of whether, or not, this is a cultural-unbiased instrument needs to be further explored.
- 9.6.6 The researcher wants to emphasise the appropriate recruitment and training of the field workers used as assistants in the data gathering phase. It is important that effective measures are used to select these assistants because they may influence various factors within the study.
- 9.6.7 Programme developers must be sensitive to the possibility that children may overreact to cautions about inappropriate touching and may generalise these to perfectly appropriate situations.
- 9.6.8 Child-directed programmes or interventions need to include various dimensions of presentations methods. The more interactive and game-like the presentation method, the better the learners relate to it. The researcher urges the development of multi-faceted intervention tools for preventative work.

9.7 CONCLUSIONS

As cited earlier, a dire need exists in South Africa for appropriate, cost-effective, play-related material which can be utilised by child development – and health professionals as preventative measures. The appropriateness of the preventative tool within the multi-ethnic context of South Africa must also be considered.

The primary aim of this study was the development of a board game to serve as preventative measure against the sexual abuse of grade four learners. According to the obtained results of the present study, the scores on the Appropriate Touch Subscale and Inappropriate Touch Subscale within the experimental group increased significantly after the implementation of the HOOC board game. Similar results were not evident within the control group. Therefore it can be concluded that the HOOC board game correlated with the improvement of knowledge in an acceptable manner. This finding confirms the possibility that the HOOC board game is a suitable preventative measure against the sexual abuse of grade four learners.

According to the obtained results, the HOOC board game had a stronger impact on the scores of the Inappropriate Touch Subscale on both the experimental and control groups than on the Appropriate Touch Subscale. The possibility could therefore be investigated that the HOOC board game has a tendency to more strongly influence the learners' knowledge on inappropriate touching than on appropriate touching. As inappropriate touching is the core of preventative concepts, this does not constitute a problem.

No significant correlations were found between the scores on the three tests and gender. The gender of a learner had no significant impact on the learner's ability to learn and retain information within the experimental and control groups. The HOOC board game as preventative measure did not distinguish between the gender of learners. A significant correlation was found between the difference in scores on the three tests and the ethnic grouping of the learners. According to the obtained results, it seems that the ethnicity of a learner relates to the improvement of knowledge. This, however, may be linked to educational and cultural differences. Prevention concepts are difficult for children to integrate because many reflect culturally endorsed beliefs about relationships with others, especially between children and adults. After the implementation of the

HOOC board game, there were significant increases in knowledge on the Appropriate Touch Subscale and the Inappropriate Touch Subscale within each ethnic group. The aim of the preventative measure is to increase knowledge regarding preventative concepts and the HOOC board game achieved this within each ethnic group. The possibility can therefore be considered that the HOOC board game is a suitable preventative tool for the multi-ethnic context of South Africa.

The results obtained in the additional seven items of the compiled questionnaire, indicated a positive trend towards the indication of the preferred answers and the HOOC board game. The learners exposed to the HOOC board game had a tendency to indicate a higher percentage of the preferred answers concerning preventative behaviour, organisations for disclosure and the indication of private places on the body. The information also tended to decrease after a period of six weeks.

The retention of knowledge for grade four learners is another important aspect. The results indicated that there tends to be a decrease of knowledge, especially on the appropriate touch subscale, within a six-week period. Although the decrease in knowledge is not of statistical significance, it still portrays a suggestion on the frequency of exposure of preventative concepts to grade four learners. Grade four learners need to be exposed to preventative concepts on a regular basis to avoid a decrease in knowledge concerning personal safety measures and to maintain a sense of alertness. The researcher is not advocating that grade four learners need to be exposed to a comprehensive prevention programme every six weeks, but rather suggesting that preventative concepts are integrated within the curriculum. The Outcomes-Based Education currently employed within South African schools provide the perfect opportunity for group work and regular exposure to preventative measures in the Life Orientation period. The preventative measures can be integrated with the rest of the curriculum and do not necessarily have to be presented in isolation.

Considering the overall results of the study, the use of the HOOC board game as preventative measure against the sexual abuse of grade four learners is acceptable. The HOOC board game

thus offers a significant and valid indication as play-related preventative measure within the South African context.

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ADDENDA

Addendum A Letter to Professionals

BOARD GAMES AS THERAPEUTIC AND PREVENTATIVE TOOLS

This questionnaire is aimed at determining the resources you as a professional utilise during therapeutic and preventative work. You are requested to answer each question and reflect your true reaction in doing so. Indicate your choice by marking the appropriate block with an "X". The questionnaire is completed anonymously and will take approximately 5 minutes of your time. Please indicate:

1. Your discipline within the helping profession:

Social Worker	1
Psychologist	2
Play Therapist	3
Other	4

2. Please indicate your area of specialization:

3. The age groups you work with primarily:

1 – 6 year olds	1
6 – 12 year olds	2
12 – 18 year olds	3
18 year olds and older	4

4. During your daily consultations, you do primarily:

Consultative Work	1
Therapeutic Work	2
Preventative Work	3
Other	4

5. During your sessions, you use the following resources (as activities):

Books	1
Toys / Clay / Sand / Water	2
Board Games	3
Questionnaires and Scales	4

6. Do you think there are sufficient effective board games in South Africa which could be utilised in therapy and as preventative measures, specifically in the area of sexual abuse?

Yes	1
No	2

7. Please indicate 4 other professionals the researcher can send this questionnaire to:

Name of Professional:	Contact Details:

Thank you kindly for your co-operation.

Munita Dunn

PSYCHOLOGIST: SOMERSET WEST EDUCATION SUPPORT CENTRE



Addendum B Permission from Western Cape Education Department

Wes-Kaap Onderwysdepartement

Dr RS Cornelissen

Telefoon

Telephone (021) 467 2286

IFoni

Faks

Fax (021) 425 7445

IFeksi

Verwysing

Reference 20040116-0021

ISalathiso

Ms M. Dunn

97 Parel Vallei Road

SOMERSET WEST

7130

Dear Ms Dunn

RESEARCH PROPOSAL: THE DEVELOPMENT OF A BOARD GAME AS PREVENTATIVE MEASURE AGAINST THE SEXUAL ABUSE OF GRADE 4 LEARNERS IN SOUTH AFRICA.

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.

5. The Study is to be conducted from **1st March 2004 to 31st March 2004**.
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December 2004).
7. Should you wish to extend the period of survey, please contact Dr R. Cornelissen at the contact numbers above quoting the reference number.
8. A photocopy of this letter is submitted to the Principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as submitted to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Education Research.
11. The Department receives a copy of the completed report / dissertation / thesis addressed to:

**The Director: Education Research
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000**

We wish you success in your research.

Kind regards,

Signed: Ronald S. Cornelissen

for: **HEAD: EDUCATION**

DATE: 27 February 2004

Addendum C Informative Letter to Principals

Navrae

Enquiries **Munita Dunn***Imibuzo*

Telefoon

Telephone **(021) 852-4722***IFoni*

Faks

Fax **(021) 852-7515***IFeksi*

Verwysing

Reference

ISalathiso

Wes-Kaap Onderwysdepartement

Western Cape Education Department

ISEbe leMfundo leNtshona Koloni

Metropool Oos / Metropole East

9 February 2004**FOR ATTENTION: THE PRINCIPAL
METROPOLE EAST: PRIMARY SCHOOLS**

The Principal,

INFORMATIVE LETTER: RESEARCH RE CHILD SEXUAL ABUSE

I am currently doing research for my Doctoral Degree in Play Therapy at the University of South Africa. I am part of Minister Leonard Ramatlakane's provincial initiative, the Hands Off Our Children Campaign (HOOC). HOOC, launched in February 2003, is the educational and preventative campaign against the sexual abuse of children in the Western Cape.

The primary objective of the study is to develop a **board game** which can foster the **prevention** of **sexual abuse** of children, specifically grade 4 learners. Currently 1 in 3 children in South Africa will be abused some time during their childhood, just as many boys as girls under the age of 10 years are sexually abused. As a preventative measure children should be protected from any form of abuse by any individual, professional or agency. However, little South African research on effective prevention programs is available. I am therefore in the process of **developing a board game to serve as preventative measure** against the sexual abuse of children – whether in a classroom or a therapeutic situation.

It is aimed to **conduct research** on the effectiveness of the board game with a sample of **grade 4 learners**. By establishing the board game's effectiveness, the significance of a board game as preventative measure against sexual abuse will be determined. Written consent from the Western Cape Education Department has been requested.

Should you give consent, the grade 4 learners would be requested to play the HOOC board game in **March 2004**. The game is played in group format. A brief pre-test and post-test will be done to determine their level of knowledge and skills. Each child's whole session would last approximately 45 minutes and would take place on the school premises. This can possibly take place in the Life Skills period as sexual abuse is one of the topics of the grade 4's curriculum.

Be ensured that **complete anonymity** is assured and no information that will be used for research purposes will be able to be related back to the learners in their personal capacity.

It will be highly appreciated if **arrangements** with regard to a first visit from the researcher prior to the test date in order to create rapport and other logistics could be finalised during a meeting, during which I will be happy to answer any questions you may have. I will contact you regarding the arrangements.

Your assistance in the above regard will be highly appreciated! May this experience be of benefit to you as well as the learners. Should you at any time wish to contact me, I may be reached at 021 – 852 4722 / 082 782 3616.

I thank you in advance for your co-operation.

Yours sincerely

Munita Dunn

PSYCHOLOGIST: SOMERSET WEST EDUCATION SUPPORT CENTRE