

## CHAPTER 5

### PREVENTION

#### 5.1 INTRODUCTION

During the last five years, the issue of sexual child abuse has gained an increasingly prominent place among pressing social concerns. Prevalence studies suggest that from 19 to 64 percent of females may have experienced some form of sexual abuse before the age of 18. Although sexual abuse among males has been extensively investigated, estimates are that around 10 percent of young males may have been victimised. Child Welfare Professionals, Educators, Physicians, and Legislators are all involved in attempts to cope with this heretofore hidden epidemic. Etiology, identification, treatment and prevention are all being discussed and debated at length in professional journals as well as in the media. Most experts agree that early detection/intervention and preventative education can contribute significantly to the solution of these serious social problems.

In case of sexual child abuse it is not as common to blame the victims as it is in adult rape, but prevention approaches still tend to focus on the child. Hot lines for victims and potential victims exemplify this focus. Programs that teach children how to say no or to obtain the right to control their bodies are variations of assertiveness training that is transferred to the field of sexual behaviour. These programs are not trivial. They raise the consciousness of the community and alert children to their own vulnerability to sexual exploitation. Even if they are successful, their success is problematic: how successful will a child be in telling Daddy No? These programs will not eliminate child sexual assault. Substantial reduction of this phenomenon will only occur if these prevention programs must be target the behaviour of adult perpetrators.

Bailey and King (1990:203) believe that sexual child abuse will continue as long as preventative measures are focused on individual children, one at a time and applying crisis measures when the abuse is revealed. According to them, it is also important, but not enough, that children, families and offenders are healed after the sexual abuse occurs. A more general healing of society is required to change attitudes,

which promote and condone sexually abusive behaviour.

Gilmartin (1994:271) cite Swift (1990) that the vast majority of the advice regarding rape prevention, historically, has been directed at girls and women, while little attention has been on boys and men who commit these acts, as well as the society which encourages and permits this type of behaviour. The mythology that, for centuries, has surrounded this subject (e.g. she must have done something to “cause” it, women “tease” men and then “cry” rape, men can’t be held “accountable” for their sexual urges and actions) continues to be regarded as “the truth”. However, by noting that sexual child abuse cannot solely be viewed as a personal problem, Bailey and King (1990) pinpoint the role that social problems play with regard to this problem, as well as the need to focus on structural changes to reduce it. In this regard, Swift (1985) and Bailey and King (1990) emphasise the need to widen the net in terms of a definition of the problem and how we attempt to prevent sexual victimisation. Both of them also point in the same direction as many of the current works in the field have been heading - the acknowledgement that our culture causes and perpetrates the problem. Gilmartin (1994:272) sees this as a critical redefinition. She states that, “ ... if we stay at the personal and interpersonal levels of analysis and only outline what girls can do to prevent their own sexual victimization from happening, we end up placing the onus of responsibility on them and inferring that they are the primary problems”. Approaches and attitudes like these can, however, do little to resolve the underlying cultural traditions, practices, and standards, which underscore the sexual victimisation problem.

In this chapter, attention will focus on the various strategies and programs aimed at preventing sexual child abuse. This includes prevention programs that focus on the perpetrators, the victims and potential victims, parents, the society, through awareness programs and governments policies and legislations.

Firstly, the next subsection will attempt to answer the question of what the prevention of child sexual victimisation is.

## 5.2 WHAT IS THE PREVENTION OF CHILD SEXUAL VICTIMIZATION?

The answer to this question is anything that will prevent or stop a child from becoming a victim of a sexual offence. According to Gilmartin (1994:272), the prevention of sexual victimisation is a highly complicated, multifaceted issue that includes everything from incarcerating the perpetrator to altering the very fabric of society. She points out that rape and indecent assault prevention can have various different meanings. She quotes Koss and Harvey (1991) who differentiate between what individuals can do to protect themselves (rape avoidance) and changes that a society must make in order to eradicate the problem (rape elimination). These authors suggest that there are certain aims that all rape and indecent assault prevention programs must have. They are:

- to eliminate rape by challenging societal beliefs and cultural values that promotes and condone sexual violence;
- to foil attempted rapes by educating potential victims concerning the risk, risk avoidance, and self-defence;
- to reduce the emotional and physical trauma of rape by early and appropriate attention to the needs of individual rape victims;
- and / or to prevent recurrent instances of rape by offender incarceration and treatment.

Gilmartin (1994:273) states that the first aim is educational, with the goal to change the attitudes and societal values, as well as a political one in that it will require activism to effect these sorts of changes. The second aim is to educate adolescent females and adult women that they know that they are at risk, as well as how they can reduce that risk. The third aim is to reduce the impact of the rape experience via education and intervention for those that have been raped. The fourth aim is to take the assailant out of the community, which will, naturally, reduce the problem. Gilmartin adds that aims two and three, although feasible, will not eradicate the problem, while the fourth one, although laudatory, is problematic because so many of the perpetrators are, what Kanin calls, the undetected rapist. According to her only the first aim or large-scale structural changes can truly eliminate the problem.

## 5.3 PREVENTION PROGRAMS

### 5.3.1 Background of prevention

Since sexual child abuse is not restricted to a certain gender or age, broad-based prevention efforts are needed to target both males and females of all ages, including pre-school children. Children need to learn a repertoire of self-protective responses and must be encouraged to report abusive experiences, in order to reduce the secrecy that surrounds sexual abuse. Children, as well as parents and professionals, must receive accurate portrayals of potential perpetrators and be informed about what types of activities may be involved, as well as the tactics offenders use to entice or groom child targets (Wurtele & Miller-Perrin, 1992:20). The fact that sexual child abusers are rarely strangers, but more typically relatives and acquaintances, must be stressed.

Daro (1989:260) suggests that there are at least six areas that must be included in sexual child abuse prevention programs:

- comprehensive safety instructions for children geared to a child's developmental level and cognitive abilities;

- education for parents regarding their responsibility to protect their children;

- education for adolescents regarding healthy sexuality and appropriate displays of affection;

- comprehensive training programs for all professionals who work with children;

- institutional changes within child services and child welfare systems to prevent initial and subsequent victimisation;

- and public awareness efforts emphasising the message that preventing sexual child abuse, and all other forms of maltreatment, is everyone's responsibility.

Gilmartin (1994:275) adds that prevention strategies must deal with perpetrators via incarceration or treatment, and structural changes, which makes it unlikely that sexual victimisation of children will occur. She points out that all these works focus on different types of prevention (i.e. primary, secondary and tertiary).

According to her, primary prevention refers to attempts to reduce the incidences of sexual child abuse by promoting healthier values among the general population, as well as increasing the awareness of those who are at risk. Secondary prevention means developing effective treatment programs for the girls, and adolescent females and adult women who have been victimised, as well as early detection and treatment of men and boys who have not yet raped or sexually abused but who have begun to commit other sorts of sex offences. Tertiary prevention includes the rehabilitative efforts to heal the earlier wounds of sexual victimisation, as well as treating the offending population.

It must, however, be pointed out that each of these different types of prevention strategies emphasises different issues and offers divergent information regarding how to reduce, prevent, or eradicate the problem of sexual victimisation of children. One also needs to acknowledge that each of these forms of prevention is critical, yet different, that each has value, and that, in order to work towards the goal of prevention, all three types must be considered and included (Gilmartin 1995:275).

In the section which follows, prevention of the problem of sexual child crimes will be explored across several spheres, including the personal arena, interpersonal issues, community approaches, and structural changes that need to be made.

### 5.3.2 Focus on the perpetrator

According to Swift (1995:239), conventional approaches to the prevention of sexual assault focuses on the victim. As a result, she presents two hypotheses relating to the development of the behaviour of sexual child abuse, reviews empirical evidence that support these hypotheses and projects approaches in order to prevent sexual child abuse based on these hypotheses. Her hypotheses are that a large proportion of males, who sexually abuse children, have been sexually abused themselves as children and are sexually ignorant and sexually immature.

Conventionally, the prevention of sexual crimes has focussed on altering the behaviour of the victim. Through self-defence training, prescriptive behaviour

patterns that protect children against attacks (don't accept ride from strangers, don't go out at night, don't walk through parks alone), and warnings to children, they are cautioned to restrict their activities and therefore make themselves less accessible to sexual assault. Swift (1995) clearly points out that the result of these measures is not the prevention of sexual child crimes, but the prevention of sexual crimes of cautious children and who are proficient in the physical martial arts. She states further that with the above approaches, the attacker continues to victimise the young, the weak, the vulnerable or the uninformed. Sexual crimes is not prevented by this approach, but rather displaced.

Swift (1995:239) cites Kinsey, Pomeroy, Martin and Gebhard (1953), as well as Landis (1956) who are of the opinion that few efforts have been directed to preventing the development of sexual assault tendencies in males who account for over 90 percent of the perpetrators. Swift notes that the failure to use this approach is primarily because of the difficulties involved when the variables of sexual crime functions must be identified. She indicates that conventional efforts have identified the offenders after the offence and focussed futile efforts on treatment at that point. She concludes that psychotherapy; behavioural modification, fines and prison sentences have been unsuccessful at altering the behaviour of sexual offenders.

In the literature a variety of causal hypotheses that explain sexual child abuse have been advanced. Most of the variables that are identified are associated with the victims, the perpetrators, the family or the social environment. It is recognised that causes are multiple and complex, and the focus of this section is on the unexplored conditions believed to contribute to the development of the behaviour of sexual child abuse in males.

In this regard, Swift (1995:239) discusses two hypotheses that may explain why males sexually abuse children:

#### Generational repetition

Large proportions of males who sexually abuse children have been sexually abused as children. According to this hypothesis, sexual child abuse, like other forms of

abuse, is part of a cyclical pattern of generational repetition. Without intervention, the cycle of abuse can be expected to continue.

### Sexual ignorance and immaturity

Large proportions of males who sexually abuse children are sexually ignorant and sexually immature. According to this hypothesis, their choice of children instead of adult partners is rooted in fears of inadequacy and rejection.

### Preventing generational repetition

It is important to realise that in order to prevent the sexual abuse of young males, and by reporting these events, one has to establish the possibility that this group constitutes a high risk for committing sexual offence later in life. This phenomenon of a repetitive cycle of child abuse is a familiar theme in the literature. Studies of convicted sex offenders provide evidence of such repetitive victimisation.

In support of the above assertion, Serrill (1974) in Swift (1995:241) report that 75 percent of a group of 150 male sex offenders in the Rahway state prison in New Jersey were sexually abused as children. Swift also states that a recent study where a third of a sample of 348 males who were convicted of sexual assault spontaneously mentioned, during the course of an interview, that they had been sexually victimised themselves. In the same vein, Gerhard, Gagnon, Pomeroy and Christenson (1965) also note that sexual offenders who have molested children have often been sexually molested as children. A sample of convicted paedophiles who prefer boys as partners report that their first homosexual intercourse occurred before they were 14 years old (Goldstein, 1973:134). Goldstein suggests that these are second-generation paedophiles, first initiated into homosexual paedophiles as victims, later relieving the paedophilic experience as adult perpetrators. Meiselman (1879) also discusses intergenerational incest, in which case the child incest victim carries the incest to the next generation as parent.

It is against this background that Swift argues that, if a large proportion of males who sexually abuse children have themselves been sexually abused (as children), the

prevention efforts directed towards intervention of victimised males, followed by early intervention and treatment, have the potential to reduce the incidences of sexual child abuse in the next generation. Swift maintains that prevention programs based on this hypothesis emphasises the identification and intervention of sexually abused boys, to prevent the victimisation of children in subsequent generations

#### Preventing sexual ignorance and immaturity

The second hypothesis that many sexual child abusers are sexually ignorant and socially immature is supported by Kutchinsky's study (Swift 1995:241). He points out that in the decade between 1959 and 1969, pornographic material became increasingly available in Denmark because legal sanctions against pornographic literature were removed. In 1969, it became legal to produce and commercially distribute graphic pornography. In his (Kutchinsky) study of the correlation between the incidence of sex crimes in Copenhagen and the availability of pornography, he demonstrates that sex crimes against children dropped sharply during that period. Hence he argued that the ready availability of pornography in Denmark during the sixties is responsible for the decrease in sexual crimes. He suggests that pornography, by providing sexual release when used as a stimulant for masturbation, may be used as a substitute for sexual gratification by these men who previously used illegal sexual interaction with children. According to him, pornography may also function as a source for sex education for men who have been deprived of such information from other sources.

It must be pointed out that a recurring theme in this literature is that sexual ignorance of many child molesters contributes to their choice of children as partners (Swift 1995:242). According to this view, many such offenders select children, not because of preference, but for expediency. The child is less likely to refuse, less likely to know that the sought after sexual contacts are socially and legally forbidden, less likely to ridicule or note the offender's inadequacies, less likely to tell anyone or believe them if they tell. Pornography with its graphic depiction of sex organs and acts may thus serve a function of providing sex information to sexually ignorant men, facilitating their graduation to adult sexual partners.

Goldstone and associates (Swift 1995:242) find empirical support for the educative effects of pornography in a study. They compared convicted sex offenders (rapist & paedophiles) with homosexuals, transsexual, and a group of normal control subjects with regard to the relationship between exposure to pornography and the development of sexual pathology. The control group reported more exposure to pornography during adolescence than any other group. The paedophiles reported the least exposure. No evidence was found that the use of pornography in childhood or adolescence leads to sexual pathology.

In that study, Goldstone and Associates also reports that in response to a question about sexual attitude, sex education and current practices, the paedophiles reported less parental tolerance towards nudity in the home than control groups, and little or no discussion of sex in the home. They (paedophiles) report that they experience the most discomfort of all the groups when they talk about sex, and have the most conservative attitudes towards premarital relations. The control groups received sex information through the schools. Paedophiles received the least education about sexual matters during their childhood, than any of the other groups.

One can thus assume that responsible sex education programs can indeed reduce the incidences of sexual child abuse, the formidable problems of program implementation will still remain. One of the most frustrating barriers to prevention programs in general is the public's documented reluctance (Swift 1995:243).

Prevention programs that are based on this hypothesis target children, particularly boys, for sex education programs.

From the foregoing, it is interesting to note that Kutchinsky's study makes compelling arguments for responsible sex education as a preventive measure for child sexual crimes.

### 5.3.3 Focus on the children or victims

The main comments in this section are directed exclusively towards the prevention programs for children. The vast majority of these programs focus on empowering these young children by teaching them concepts and actions that enable them to understand and repel sexual abuse. Hence two goals are emphasised (a) primary prevention (keeping the abuse from ever occurring) and (b) detection (encouraging disclosure of past and ongoing abuse so that children can receive intervention and protection). The rationale for child-focused prevention programs rests on a number of realities about sexual child abuse. The secretive nature of sexual child abuse, ensures that most abused children do not reveal their victimisation and are thus unlikely to be helped, emphasising the importance of reaching children before victimisation occurs (Wurtele & Miller-Perrin 1992:54). They indicate that perpetrators often misrepresent the sexual activity as normal, and suggest the need that children must be educated regarding appropriate and inappropriate body contact. They also point out that classroom-based prevention programs have appeal because of their ability to reach large numbers of children of every race, creed, ethnic, and socioeconomic group in a relatively cost- effective fashion.

Prevention focussing on children must focus on the following:

#### Recognise abusive situations

According to Wurtele *et al.* (1994:55), the first major objective of prevention programs is to help children to recognize potentially abusive situations. This is because warnings can only be effective if children have a clear idea of what it is they are being warned about. Given the differing definitions of sexual child abuse in chapter two, it is no surprise that programs define sexual abuse in a variety of ways. Wurtele *et al.* (1994) notes that some programs teach children that sexual abuse is when children are forced or tricked into sexual contact. Others include more abstract information about a perpetrator's motivation or intentionality (e.g. when touch is done for one's pleasure but the other person does not want it or sexual abusers use a child for the sexual gratification of an adult).

It must, however, be underscored that most programs teach children about sexuality without discussing sexuality or even recognising that children are sexual beings. Even though the implicit goal of these programs is to prevent sexual exploitation, the explicit goal is usually to teach personal safety, not sex education.

Trickett and Schellenbach (1998:321) suggest that behavioural skills training programs that encourage children's active participation through role playing result in better retention than typical passive observations. They cite Kraizer *et al.* (1989) who use scripted role play to measure children's ability and willingness to terminate unwanted touch effectively and appropriately in the face of flattery, emotional coercion, rejection, bribery, and secrecy, all of which are behaviours that sexual offenders use. Kraizer *et al.* also report that children who participated in sexual prevention programs that incorporate role play exhibited some behavioural changes in their ability to resist victimisation, which was correlated with measures of knowledge and self-esteem. In support of this view, Elliott *et al.* (1995:579) states that offenders also endorse the use of role-play in prevention efforts.

#### Describe offenders

Conventional efforts to protect children usually focus on teaching them to be wary of strangers and evidence suggests that strangers represents only a small portion of offenders, which led to a movement away from "stranger-danger" to an awareness that family members or other trusted persons may be the perpetrators. Some programs refer to these known offenders as "someone you know and like"; a definition that, for young children, may not translate into a specific person (Wurtele *et al.* 1994:57). Programs generally portray offenders as young adult males; few include parents, children, or adolescents as potential perpetrators.

It must be borne in mind that prevention programmers face a dilemma for, in order to help children recognise potential abusers, it is essential that the most common types of perpetrators are described. In this regard, what are the effects of telling children that they may be at risk from their fathers or father substitutes, particularly young children, for whom attachment to and trust of significant caregivers is important for healthy development? (Wurtele *et al.* 1994:57). Although Swan, Press, and Briggs

(1985:395) find that a prevention program help children to acknowledge that a family member can be a perpetrator, Finkelhor and Strapko (1992:150) suggest that this is a difficult concept for children to grasp.

### Stress empowerment

According to Tharinger, Krivacska, Laye-McDonough, Jamison, Vincent and Hedlund (1988: 614-634), the implicit conceptual framework underlying the majority of prevention programs is that of empowerment. The belief beneath this concept is that, if children are given adequate information, a sense of personal power, and a list of community resources, they will then be able to assist in their own self-protection. Thus, the majority of prevention materials emphasise the rights of children (e.g., the right to be safe, strong, and free, the power to refuse adult requests, the right to refuse unwanted sexual contact). There is no evidence that children, especially young ones, can understand such abstract concepts, nor is there evidence that they are able to discriminate between those situation where they can assert their rights and those where adults` rights supersede. Also along these lines, Wurtele *et al.* (1995:58) states that it is rarely addressed whether the right to say “No” implies that a child also has the right to say “Yes” to wanted touches, or that rights are also associated with responsibilities.

Consistent with the theme of empowerment and primary prevention, all programs teach children some type of personal safety skills to repel sexual advances. Some programs teach children such strategies as self-defence yell or physical self-defence skill (e.g., kicking the perpetrator’s shin or storming on the instep). In an effort to avoid or resist abuse, most programs teach children that they must say “No” and remove themselves from the perpetrator. Concerns whether young children will be realistically able to say “No” and escape has resulted that more prevention programs encouraging children “to tell” after an abuse encounter (Wurtele *et al.*1994: 58).

## Promote Disclosure

Programs recognise the secrecy inherent in the sexual abuse of children, therefore participants are taught not to keep such activities secret (Wurtele *et al.*1994:58). According to them, many programs attempt to define secrets, and some try to help children distinguish secrets from surprises, or good secrets from bad ones. Towards the secondary prevention goal of early identification of victims, most programs encourage children to immediately report previous or ongoing abuse to an authority figure. Children are often taught to tell someone they trust, an abstract concepts that needs to be personalised for young children (Wurtele *et al.* 1994:59). It must be noted that encouraging disclosures early in the abuse experience is an important objective, as children are more often affected by long-lasting abuse. Furthermore, both victims and offenders have suggested telling or threatening to tell as effective deterrents.

## Treatment

It is pivotal for a child who has suffered sexual abuse to undergo treatment. In South Africa, the Multi-Disciplinary Protocol emphasises that treatment of victims must be separate from the criminal process and that treatment must not be offered by a statutory social worker. The protocol provides for the following forms of treatment for the child as preventative measures for sexual child abuse: trauma debriefings, crisis intervention counselling, supportive counselling, specialised therapy, psychological assessments, group therapy and support groups. The protocol also states that the child victim is part of a large family system and, since the families live together, they develop reciprocal patterns of behaviour. The protocol thus advocates that the child must not be treated in isolation from the rest of the family. Not only does a child who has suffered sexual violence need therapy, the rest of the family need treatment as well in an effort to prevent a repeat of the victimisation (SAHRC; RSOAC, 2002:35). The protocol provides for the following forms of intervention for the family: conjoint family therapy, parental education, and individual work with children, couple counselling, parent-child enrichment and sibling enrichment.

## Placements

After any form of abuse, the safety of the child has to be guaranteed as part of the child's healing process and prevention. If the need for a family preservation and the child's safety do not balance, arrangements for the alternative placement of the child must be made. A permanent plan must be formulated to ensure the observation of the child's interest. In this case, the Child Care Act makes provision for the removal if the child considered is a child in need of care. Any child who has been sexually violated may (whether by a family member, neighbour or stranger), depending on the circumstances of each case, qualify as a child in need of care in terms of section 14 (4) of the Act.

### 5.3.4 Parents as partners

#### Advance child's participation

There are several potential advantages to parent-focused efforts in an attempt to prevent sexual child abuse. Parent's first role regarding prevention efforts involve that they permit their children to participate in the programs. The rationale of this prevention mechanism is because the success of prevention lessons that are taught at school depends on the support of parents at home, both to clarify concepts and help children apply their new knowledge in daily life (Conte & Fogarty 1989:134). In contrast, Adam and Fay (1986:93-97) are of the opinion that untrained parents may not be able to answer questions, may contradict accurate information, and may not know how to correct any misconception their children may have. They maintain that, if parents can be trained to be preventative educators, children will receive repeated exposure to prevention information in their natural environment, thus providing a series of booster sessions to supplement other prevention efforts. It must be pointed out that discussing sexual abuse with a parent might also make it easier for a child to disclose to that parent if abuse has already occurred, or if it occurs in the future. Parents are in frequent contact with their children, therefore they are in a position to aid secondary prevention efforts by identifying child victims and responding to victim disclosures (Wurtele *et al.* 1994:92).

Regardless of the advantages of parent-focused prevention efforts, relatively few parents opt to discuss sexual child abuse with their children. Studies by Finkelhor (1981), Porch and Petretic-Jackson (1986), Wurtele and Miller-Perrin (1987) indicate that, although the majority of parents report that they teach their children general safety rules, very few discuss personal safety in particular.

There are numerous prevention efforts that attempt to involve parents in the prevention movement. Parents-directed prevention efforts vary according to the method used to teach parents. Wurtele *et al* (1994:95) state that one of the most common parent-focused approaches is to teach parents through orientation meetings where parents are introduced to classroom-based curricula. Other approaches attempt to reach parents through books regarding sexual child abuse and its prevention, brief pamphlets on the subject, or audio-visual methods such as filmstrips and films. More recently, parent-directed prevention efforts have expanded to include prevention training programs, similar to training programs for children, usually referred to as a parent workshops (Porch & Petretic-Jackson 1986).

However, parent-focused approaches also vary according to their objectives. A perusal of these programs reveals a variety of goals, some common to all, some unique to a few innovative programs. The level of sophistication and comprehensiveness of the information varies from those approaches that are simply designed to inform and reassure parents regarding the content of classroom-based programs, to those designed to help parents educate their own children. The major objectives as reflected in the literature and available programs include: (a) informing parents about the problem of sexual child abuse, (b) educating parents regarding measures that they can use to teach their children about sexual child abuse prevention, (c) assisting parents in identifying sexual child abuse victims, and (d) teaching parents appropriate responses to the disclosures of victims (Wurtele *et al.* 1994:95-96). In the following subsections, efforts towards achieving these objectives will be presented.

## Informing parents about sexual child abuse

As stated previously, the development and implementations of sexual child abuse prevention must be guided by a comprehensive understanding of the problem. Information about sexual child abuse can thus assist parents to gain a deeper understanding of the problem and assist them in protecting and educating their children. Parent-focused prevention approaches need to introduce parents to the multiple dimensions of sexual child abuse: the definition of sexual abuse, the pervasiveness of the problem, the characteristics of victims and perpetrators and the dynamics of abuse (Wurtele *et al.* 1994:96).

Studies evaluating parental knowledge of sexual child abuse indicate that parents need to receive information about sexual child abuse and its prevention. In support of this statement, a study by Conte and Fogarty (1989:7) have found that half of their random sample of parents believe offenders are under 21 years; over one-third believe offenders are unmarried, immature and socially inept. By the same token, Berrick (1988:543) reports that the majority of parents she interviewed either overestimate or underestimate the prevalence of sexual abuse and less than 42 percent know that someone known to the child commits most abuses. In several studies (Finkelhor 1984; Wurtele, Kvaternick, & Franklin; Wurtele & Miller-Perrin 1987), parents are more likely to warn their children about strangers touching their private areas than about other possible perpetrators. Thus parent-focused efforts may play an important role in dispelling myths and providing accurate information about sexual child abuse.

In addition to informing parents about the parameters of the sexual child abuse problems, Wurtele *et al.* (1994:97) point out that prevention efforts that are directed at parents must include other topics that have been neglected. They state that parents may help them explore and clarify how their values and knowledge relate to sexuality, as well as their own sexual experiences, may influence their prevention attitudes and behaviours. They also maintain that it will be helpful to familiarise parents with sexual child abuse risk factors, particularly what they can do to keep their children safe.

It is reported that, by educating parents about the high-risk situations parents can become more effective in reducing an offender's access to their children and increase supervision, rearrange sleeping conditions that may be conducive to inappropriate sexual behaviours between family members, and check day-cares and baby sitting arrangements. Parents can be educated about protective factors and specific actions they can take to enhance factors such as confidence and problem solving, building their child's self esteem, communicating openly within the family and discouraging secrets. They can also enhance healthy sexuality, stress the importance of personal body safety and privacy in the home, which may also reduce the risk of abuse. However, it must be noted that in this age of enhanced concern about the sexual touching of children, parents need to be reassured that the non-sexual touching is a natural and essential part of parenting (Wurtele *et al.* 1994:97).

#### Educating children about body safety

In addition to providing parents with a comprehensive understanding of the sexual child abuse problem, parent-focused efforts can help those parents who want to be more actively involved in educating their children about sexual child abuse. Many parent-focused approaches encourage parents to teach specific body safety skills that children can use to protect themselves. Others take a broader approach by teaching children assertiveness training and physical self-defence or suggest how parents may build their children's self-esteem in order to prevent abuse (Colao & Hosansky 1987:78).

Prevention approaches also vary in their suggested methods of imparting information to children. For example, several approaches offer general guidelines on how to discuss this difficult topic with children, other suggest that parents use role-play exercises, activities, or games (Adam & Fay, 1981; Porch & Petretic-Jackson, 1986).

Wurtele *et al.* (1994:100) discuss that important issues need to be addressed in this regard. They point out that parent directed prevention efforts need to address the potential guilt that parents may experience should their children be victimised, despite their prevention efforts. Programs that describe the complexity of sexual child abuse problems and emphasise the shared responsibility for prevention may

reduce the potential perceptions of their sole responsibility for the incident. In addition, parent-directed efforts may serve to inform parents how they can clarify and reinforce what is taught at school. Parents are in a pivotal position to support classroom-based prevention efforts and, conversely, are in a prominent position to thwart such prevention attempts. For example, parents may punish their children for asserting the rights sometimes taught in personal safety programs (e.g., the rights to say “no” to adults). The importance of parent-directed approaches is that it addresses what is taught in classroom-based prevention programs so that the lessons learned at home and at school does not contradict each other.

As noted above, there are several barriers that prevent parents from discussing sexual child abuse and its prevention with children. Hence it is important for prevention efforts to address these barriers with parents. In this regard, Wurtele *et al.* (1994:101) content that in order to help parents feel comfortable about discussing sexual child abuse and its prevention, parent-directed efforts must provide parents with vocabulary as well as practice when discussing sexual child abuse. Those parents must be encouraged to use teaching aids such as books, videos, or puppets. They are of the opinion that these materials will help to take the focus off parents and may reduce their fears of appearing ignorant or tongue-tied.

### Identifying Victims

Parents, due to their frequent contact with children, are in an excellent position to detect abuse. Victim identification is a critical component of parent-focused prevention programs, because often nobody is aware of many cases of victimisation. Wurtele *et al.* (1994:103) report that only a small percentage of children who are victimised will report the abuse themselves, and even smaller numbers are actually detected and reported by professionals. The reasons for so many undetected cases are because parents and professionals are simply not familiar with the signs and symptoms associated with abuse, which make it difficult to accurately identify sexual child abuse cases and implement proper intervention to terminate the abuse and protect child victims.

Guidelines that identify the signs of sexual child abuse are very crucial when one pursues this direction of prevention. These guidelines vary from general caveats to be alert to any unusual stress in a child (Strasser & Baily 1984:38) to detail lists of possible symptoms. In the subsection below, the researcher will present developmentally specific behaviour patterns that may indicate the occurrence of abuse.

Parents must know the sexual abuse indicators. Symptoms of sexual child abuse do not follow a set pattern, nor do all child victims display the same kind of behaviour. In some cases, there are no demonstrable changes in behaviour. Yet, because watching for and noting changes in children's behaviour may be one of the ways parents can identify the problem, it is important to be aware of the possible signs of abuse (Wurtele *et al.* 1994:103). Research by Berrick (1988:132) indicates that parents need such information. When Berrick asked a group of parents prior to their participation in a sexual child abuse prevention workshop, "What may make you think a child had been sexually abused?" an average of only 1.85 indicators were mentioned. Instead, parents frequently depend upon their intuition or refer to one generalised change in their behaviour as an indicator of abuse. Parents need to be informed of specific and concrete signs that indicate the possibility that a child has been sexually abused.

Among pre-school children, several behavioural indicators have been noted. For example, sexualised behaviour in pre-schoolers is one of the most common indicators of abuse and includes a preoccupation with sexual matters and atypical knowledge of sexual acts, excessive masturbation, exposure of genitals, seductive behaviour, sexual aggressiveness, request for sexual stimulation, and sexual victimisation of other children. Other indicators noted in pre-schoolers include withdrawal; regressive behaviour such as bed-wetting, thumb sucking, and baby talk; and difficulty to separate from adults (Wurtele *et al.* 1994:104).

### 5.3.5 Roles of professionals

#### Unique role

There are several advantages of targeting the professionals in the prevention of sexual child abuse, for these individuals often have ongoing contact with children and unique opportunities to educate them and can assist in uncovering and reacting appropriately to disclosure of abuse. They also have the opportunity as well as the legal obligation to report suspected victims of sexual abuse. In this regard, Wurtele and colleagues (1994:135) state that certain professional groups play pivotal roles in the prevention of sexual child abuse as follows:

They maintain that teachers and day care personnel, with their daily accessibility to children, special skills in communicating with children, and knowledge of child development, can notice behavioural changes that may indicate that a child has been abused. They are likely recipients of child disclosures, given their stable and consistent relationship with children, as well as identifying classroom-based programs. Teachers are in a pivotal position to implement prevention programs in classroom, but also to reinforce children's applications of prevention concepts that are taught in both classroom and home-based programs.

Medical and mental health professionals are also in an important position to aid the prevention of sexual child abuse. In this case, medical professionals can, in their regular well-child visits, discuss with parents and children sexual development as an integral part of normal development. With their knowledge of the human body, and its functioning, they can raise questions concerning the possibility of sexual abuse as reflected in physical signs and symptoms. Also, because of their physical examination of suspected abuse victims, they play an important role in documenting physical findings, responding to disclosures, and reassuring victimised children about their physical integrity. Like physicians, mental health professionals may also be asked to assess for the possibility of sexual abuse.

Police officers, social workers, and child protection services staff play important roles in the prevention of sexual child abuse. They are involved in the investigations and

have frequent contact with alleged victims. Their responses to these children may be critical in terms of mitigating the effects of abuse.

### Informing

It must be noted that professional-focused prevention approaches are similar to that of parents and include informing professionals about sexual child abuse, educating them, identifying sexual abuse victims, and responding appropriately to victims' disclosures. Although they are similar goals there are, however, differences in emphasis. Since professionals are likely to come in contact with alleged or undisclosed victims, they need to know about symptoms indicative of abuse; child, family, and environmental risk factors of abuse; therapeutic responses to disclosures; reporting obligations and procedures.

### Comprehensive understanding

According to Wurtele *et al.* (1994:139) professionals must be equipped with a comprehensive understanding of sexual child abuse problems. With this understanding, professionals can become familiar with the true nature of the problem and disregard the myth surrounding the topic (such as raping a virgin, cures HIV). Such information can help professionals groups to clarify their prevention-related roles and such information is also essential to allay fears that are associated with appropriate touching. Also, armed with information about the incidence and prevalence of sexual child abuse is also important to convey an accurate perception of the magnitude of the problem. This is because low incidence expectations may lead to insensitivity about the possibility of sexual child abuse, whereas overly exaggerated expectations may lead to over reporting. Knowledge of the characteristics of victims are also important, so that professionals who work with children are alert to the fact that victims can be males as well as females of a variety of ages.

Information about the dynamics of abuse can help professionals understand that child victims may not readily, disclose because of the secrecy inherent in sexual abuse, and can familiarise professionals with the risk factors associated with abuse.

Hence professional education about sexual child abuse must be integrated into the standard and undergraduate and graduate curricula for all professionals working with children and families. In a bid to prevent sexual child abuse, Wurtele and colleagues (1994:142) maintain that education and training directed at professionals must emphasise both multidisciplinary case management and the specific roles and responsibilities of different professional groups.

### Educating Children

Other prevention strategies that have been identified within the realm of professionals' responsibilities are the education of children about sexual abuse and personal safety skills (Downer 1986; Finkelhor & Araji 1981; Miller-Perrin 1988). Educational professionals have most readily been identified as potential educators of children. Teachers are in a unique position to educate children about sexual abuse and the prevention thereof, since they have special skills that include their ability to educate and communicate with children and their consistent and longitudinal contact with children. These opportunities allow for both repeated exposures to preventative materials and the reinforcement of protective behaviour. There is a proliferation of prevention materials that target teachers. Examples are some organisations that produce materials for children offer training workshops or have developed audio-visual aids for teachers who use their products (Stowell & Dietzel 1982:121).

Regardless of their potential as prevention educators, many teachers have expressed concerns about the area of sexual abuse and reservations about educating children about this topic. Teachers do not only have deficits in their knowledge about important aspects of sexual child abuse, but also do not perceive themselves as qualified to undertake this onerous task (Wurtele *et al.* 1994:143). In the same vein, Brassard, Tyler and Kehle (1983:241) state that educators have also expressed concern about the educational curricula and the inclusion of topics related to sexual matters, because such issues are best dealt with in the privacy of the home environment. Davis (1986) also points out that teachers express their general reluctance to bring the education of the taboo subject of sexual abuse into the classroom and also intervene in what is perceived as a complex social problem.

It seems that professionals (teachers in particular) can and do play critical roles regarding sexual abuse prevention efforts and educate children under their care about these issues. Comprehensive prevention training appears to be essential before children can be instructed, and these training programs must address the many concerns teachers have expressed that may serve as barriers to prevention efforts.

### Identifying Victims

Sexual child abuse victims cannot be protected and assisted unless they are first identified. An important secondary prevention goal is thus the identification of sexual abuse victims and professionals are in a critical position to assist with such efforts. Firstly, many victimised children do not disclose the abuse out of their own initiative, which therefore necessitates detection by others. Secondly, the involvement of individuals outside the family is often necessary to detect the victims of interfamilial sexual abuse. Thirdly, many professionals have frequent contact with children and their families or work in occupational settings where sexually abused children are frequently encountered. Professionals must therefore be trained about victim identification so that they can accurately identify sexual abuse cases and intervene to terminate the abuse and protect child victims.

In this regard, Herzberger (1988:33) believe that professionals must have a grasp of specific behaviour that falls under the umbrella of what is termed sexual abuse before they can become aware of the problem. It must be underscored that the identification of sexual abuse is problematic, because there exists no concise definition of sexual abuse that can facilitate victim identification. A definition that is too broad or vague may cause the suffering of innocent individuals or may be frustrating to those who are mandated to report sexual offences, whereas a definition that is too narrow or exclusive might result in the underreporting of abusive acts. Professionals need to know specific signs and symptoms of sexual child abuse to be able to effectively identify victims.

In addition to victim behaviour, Wurtele *et al.* (1994:151) are of the opinion that professionals need to be aware of the other indicators of sexual abuse, such as the

functioning of other individuals within the victim's environment. They point out that, by increasing the breadth of sexual abuse indicators to include characteristics of abusive families, the likelihood of successful victim identification is increased. When specific characteristic of the parents are present, including marital discord or power imbalances, lack of parental modelling of self-protective behaviours, parental history of abuse, absence of a natural parent, or presence of a father substitute, professionals must become vigilant to the possibility of abuse. Home environments that are characterised by over- or under sexualisation, lack of privacy or household crowding, stresses, and social isolation also increase the chances that sexual exploitation may be present.

Studies by Eisenberg, Owens and Dewey (1987:109) that evaluate medical health professionals' awareness of the indicators of sexual abuse indicate a knowledge deficit. They surveyed health visitors, nursing staff and medical students about the types of problems experienced by victims of sexual abuse and found that most of them recognise relationship problems, fear of sex, depression, marital problems, withdrawal, and later child-rearing problems. Only a few, however, cited typical sequels such as anger, aggression, delinquency, prostitution, alcohol and drug abuse, promiscuity, or suicidal behaviours.

Professionals report a lack of awareness about the behavioural, emotional, and physical indicators of sexual abuse. Prevention programs that are directed towards these groups must include specific information about sexual indicators, including information about normal behaviour and developmental variations. In addition, professionals can benefit from instruction regarding the identification of the type of symptom constellations that warrant suspicion, including radical changes in behaviour, symptoms that are chronic and fail to respond to usual management methods, and multiple and severe symptomology (Wurtele *et al.* 1994:151).

#### Responding Appropriately to Victim Disclosures

Wurtele *et al.* (1994:153) maintain that professionals need to be educated about their roles and responsibilities with regard to their responses to victims. They state that if professionals are familiar with both appropriate and inappropriate responses before

they encounter victims of sexual abuse, they are more likely to respond in a therapeutic manner. According to them, appropriate responses include reacting positively towards victims in order to prevent trauma, reporting the incidents to the proper authorities to terminate the abuse, and initiate the recovery process for the victim, and working collaboratively with other professionals to enhance service provision to victims and their families.

In support of Wurtele *et al.*, Doughty and Schneider, Hazzard and Rupp, Pierce and Pierce, and Ringwalt and Earp state that professionals' reactions and attitudes towards victims are important, not only because they might prevent trauma but also because appropriate reactions can be therapeutic for victims. Professionals' reactions can also affect decisions that relate to victims and their families in diverse ways, including whether the perpetrator or victim is removed from the home, whether or not criminal prosecution of the offender is pursued, and how treatment is conducted.

Professionals are provided with information regarding the reporting of cases of suspected sexual child abuse, which is another important prevention effort. Both primary and secondary prevention goals can be accomplished through reporting the abuse. When suspected cases of abuse is, for example, reported to the appropriate authorities, this contributes to the termination of ongoing abuse and facilitates the treatment for victims (secondary prevention). Reporting suspected cases of sexual abuse can also contribute to primary prevention, as deterring and rehabilitating perpetrators will prevent the abuse of potential victims.

#### 5.3.6 Role of policy makers and the community

##### Change the environment

One approach to primary prevention is to change the environment so that negative conditions do not produce pathology, and from an ecological perspective, cultural and societal levels subsume the values and belief systems that foster the sexual abuse of children and exert and influence individuals and their environments (

Bronfenbrenner, 1979:150). Given the extensiveness and etiological complexity of sexual child abuse, it is important to focus on the macrosystem in order to fully understand and ultimately combat this widespread problem. De Young (1987:17) notes that such macrosystem interventions can, in the long run, have a much greater effect on the reduction of the incidence of this social problem compared with prevention efforts that target individuals. Many of these values and beliefs are deeply embedded in African cultures and can thus be difficult to change.

### Policymakers

Policymakers include legislators and administrators at the local, provincial and national levels. These individuals have both the power and authority to effect change within the society and thus have the potential to contribute greatly to the prevention of sexual child abuse.

Legislators play a key role in promoting prevention efforts, both by allocating funds and by lobbying for laws and regulations that relate to children's welfare in general, and more specifically to sexual child abuse.

### Promoting child welfare

It must be pointed out that more children in South Africa are being raised in households with limited financial resources, and the social support services available to assist low-income families are declining. Limited public support for medical and nutritional programs, along with the absence of a comprehensive national policy to provide health care for children, reflect a lack of commitment towards children's welfare. The absence of public or publicly funded childcare suggests that South Africa does not value the promotion of children's development or the health of their families. All of these realities increase the vulnerability of children to sexual abuse.

It is against this background that Wurtele *et al.* (1994:181) suggest that the provision of higher standards of living for children can benefit from the analysis of reports regarding a number of successful child and family support models that are already implemented. They state that if they promote a higher standard of living,

policymakers will promote the view that children are persons with dignity who deserve protection. In the Report of the Parliamentary Task Group on Sexual Abuse of Children (South Africa) in June 2002, the Task Group made the following recommendations to prevent sexual child abuse:

- the introduction of a comprehensive social security system for all South Africans and a basic income grant should be supported,
- improve access to the child support grant,
- improve health care delivery for sexual abuse survivors,
- improve and increase the quality of care and support to survivors of violence,
- restructure the budgetary allocation and commitments to social services spending to address child poverty.

Disruptive, dysfunctional families also put children at risk, not only for mental health problems but also for sexual child abuse. South African families need to be supported and strengthened so that they can nurture and protect their children. Measures to reduce stresses that families are faced with (e.g. poverty, unemployment, homelessness, substance abuse, family violence and discord) will potentially eliminate some of the direct and indirect causes of sexual child abuse. To avert this, a range of social services geared towards the enhancement of the competencies of families is needed. Important areas for consideration include: affordable housing; day-care facilities at public housing complexes and in the workplace; guaranteed access to health care for pregnant women, infants, and children; paid maternity and paternity leaves; substance abuse treatment for parents and welfare benefits that do not require the father's absence from the home.

#### Modifying sexual child abuse statutes

Legislators can play important roles if they support legislation that protects children from sexual child abuse, increase funding for child protective services, and develop clearer reporting statutes. They can also mandate prevention education, require background checks for adults who work with children, advocate court reforms, and enforce mandatory prison sentences for perpetrators.

In South Africa, the SACL (2002) has made a number of recommendations in the Report of Sexual Offences and the Review of the Child Care Act, as stated in chapter four that can assist the prevention of sexual crimes against children.

#### Promote awareness

Policy makers can impact the sexual child abuse prevention movement in a number of ways. They can assist in their communities to enhance public and professional awareness about sexual child abuse, determine what resources exist in the community for victims, offenders, and what their families; and determine what their communities are doing to prevent sexual child abuse according to Ray-Keil (Wurtele *et al.*1994:190). The community can also sponsor multidisciplinary boards or interagency teams to provide and co-ordinate the identification, prosecution, and treatment services among professionals from the law-enforcement, child protection, and education, medical and mental health settings.

Community leaders can also encourage the formation of a sexual child abuse prevention task force in their area to study the problem and take action against it. Wurtele and colleagues state that such a task force may include representatives from schools, businesses, military groups, community mental health centres, hospitals, law enforcement, child protective services, churches, service clubs and parents. They can press for public awareness programs to increase public sensitivity to sexual child abuse and inform the public about the community efforts to prevent the problem (Community Police Forum). They can, for example, ensure that child-focused prevention programs are advertised, which may serve as a deterrent by warning potential perpetrators that children are being taught not to keep such activities secret. Wurtele and colleague support Garbarino (1988) who maintain a community that has a vested interest in and an obligation to insist upon high standards of care for all its children. Through such efforts, children may become more valued citizens and communities will be united in the fight against sexual child abuse.

In view of the seriousness of child sexual crimes and the high rate of child rapes in South Africa and in Gauteng, Loffell (2000:10-11) suggests some points that can be

used to control and prevent child sexual crimes. According to her, clear theoretical frameworks, policies, procedures and protocol for addressing sexual child abuse are needed within all structures that undertake child protection work. These must emanate from a re-conceptualisation of child welfare and child protection that is appropriate to the South Africa context and must dovetail with broad strategies to address the survival, protection and development of children in a holistic manner. They must accord with broad national guidelines but also be designed specifically to suit the local context.

Loffell also suggests that ways have to be found to make services more accessible to children who live in conditions that create the greatest vulnerability to sexual abuse and a range of other risks. In particular, areas in which poverty and violence co-exist at high level must be targeted for services, and creative methods for reaching large numbers in such areas. An example will be that children can be reached through the schools systems, which must be designed and tested, using the insight gained from case-by-case interventions. Services must specifically address the cause and effects of the various forms of sexual child abuse, but must also do so within the context of a holistic approach that addresses the broader life situation of those concerned.

Loffell also points out that a need exists for clear policies within the social services organisations as to when and the use criminal justice and children's court procedure must be used, and internal monitoring process in this regard. Interdisciplinary planning and training, as well as the allocation of additional resources by the SAPS and the Justice department are urgently needed to cut down on the high levels of secondary trauma that the criminal justice procedures still creates, despite recent improvements. There is also a pressing need for consultation with the police, the courts and the local treatment resources to develop a coherent approach for dealing with offenders of child sex crimes.

Child protection organisations must actively contribute to the development processes and must promote strategies that enable families and communities to ensure the safety of their children. The literature also recommends a liaison with local authorities regarding housing issues, and assist with the development of communal

arrangements for the care of children during parents working hours.

The Report on Sexual Offences Against Children by the South African Human Rights Commission (April 2002) suggest the following worthwhile recommendations to halt child sexual crimes:

Sexual violence against children must be treated as a priority by the government at national, provincial and local levels and criminal justice agencies involved in the fight against crime.

The Gauteng Program of Action for Children (GPAC) must initiate a process aimed at improving and harmonising the National Policy Guidelines for victims of sexual offences and the Multi-Disciplinary Child Abuse Protocol, and must confirm the status of the protocol.

Address the effective implementation of the Multi-disciplinary Protocol and the National Policy Guidelines for victims of Sexual Offences by all role players bound by these documents:

- include a strategy for training all personnel working of these agencies on procedures for the management of child sexual abuse as set out in the relevant legislation, the Multi-disciplinary Protocol and the National Policy Guidelines for victims of Sexual Offences. Training must include child development and other psychological issues pertaining to children; and
- ensure that the Multi-disciplinary Protocol and the National Policy Guidelines is distributed to all officials involved with the management of sexual violence cases against children.

#### South African Police Service

Police officers have to be alert to the psychological context of children at all times when dealing with sexually abused children and to adopt their investigating procedures to accommodate the child's development and the best interests of the child at all times.

All police officers must take appropriate measures to improve the quality of statements, taken from complainants when a case is reported.

Police management at station levels must ensure strict observance of policies and procedures by all police officers who handle child abuse cases and take appropriate action in the event of transgressions of the National Police Instructions.

Police officials must refrain from the practice of handing J88 forms and crime kits to caregivers and must ensure that all forensic evidence is procedurally handled. Disciplinary measures must be taken against non-compliance.

All reported child sexual offence cases must be treated seriously and without prejudice, particularly cases that involve children between the ages of 12 and 17 years. This refers particularly to young victims who report.

### Prosecution

Access police statements, consult with the abused child and his/her parents/caregivers early and regularly during the investigation. Direct investigating officers to take a supplementary statement if needed.

The prosecution needs to investigate the possibility of establishing multi-disciplinary teams prior to the prosecution in order to adopt a holistic approach to the case.

Professionals and expert witnesses who assist the court should not be kept waiting for unnecessarily long period.

## 5.4 CONCLUSION

In this chapter, attention was paid to the various prevention programs available in literature. Focus was also on the prevention of sexual child abuse, the perpetrators, the child or victims and potential victims, the parents, the professionals working with children and finally, the role of policymakers and the community at large in the prevention of sexual child abuse.

An examination of what the prevention of sexual victimisation entails and the aims of prevention programs, as suggested by some authors, were discussed. In this case, prevention programs such as primary, secondary and tertiary were highlighted.

The researcher also paid particular attention on the perpetrators in an effort to find ways to prevent child sexual crimes and discussed the two hypotheses regarding

prevention as postulated by Swift. Issues such as sexual ignorance and pornography regarding the sexually immature men and sex education were also addressed in an effort to prevent child sexual crimes.

With regard to the victims, prevention programs that focus on the description of sexual abuse and the description of the offenders were addressed. Stress empowerment of victims, promotion of disclosure, treatment and placement of victims has been analysed in this chapter. Prevention efforts that focus on parents such as informing them about sexual abuse, education of their children and helping them to identify sexual child abuse victims were discussed.

The researcher also discussed the role of professionals in sexual child abuse prevention, such as informing them about sexual abuse, education of children, identifying victims and responding appropriately to victims when they disclose abuse. The part played by policymakers and legislators in the prevention of sexual child abuse such as promoting child welfare, modifying sexual child abuse statutes and the role of the community were discussed.

In conclusion, if we are serious about reducing or preventing the problem of sexual child abuse, then we must remain cognisant of the fact that programs geared exclusively for children and their parents are insufficient. As Berliner (1989:252) suggests: "prevention education aimed primarily at children is probably not the best way to tackle a complex social phenomenon. It may be best addressed through more research to understand factors that make such abusing possible". In other words, to affect these goals the perpetrators must be punished and rehabilitated, and to truly protect our children, we must make structural changes that make the sexual victimisation of children impossibility.

In the final chapter, the findings of this study will be made and recommendations for areas for further study in an effort to find a lasting solution to the problem of sexual crimes against children in Gauteng.