UNDERSTANDINGS OF SEXUAL ABUSE INVOLVING TEENAGE LEARNERS WITH INTELLECTUAL DISABILITY IN A RURAL AREA OF KWAZULU-NATAL

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DISSERTATION

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I declare that: UNDERSTANDINGS OF SEXUAL ABUSE INVOLVING

TEENAGE LEARNERS WITH INTELLECTUAL DISABILITY IN A

RURAL AREA OF KWAZULU-NATAL is my work and that all the

sources that I have used or quoted have been indicated and acknowledged

by means of complete references.

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Abstract

The aim of the study was to explore and describe participants` understandings of sexual abuse involving teenage learners with intellectual disability in order to suggest the best approach for caring and supporting intellectually challenged teenage learners with a history of sexual abuse in a rural area of KwaZulu-Natal. This was a qualitative study using Bronfenbrenner`s ecological approach. This approach enables me to describe understandings about the phenomenon studied and how factors interact with each other and individuals in forming such understandings.

Data was obtained by means of in-depth interviews which were conducted one on one with teachers of the special schools and SGB member, Social Worker, Psychologist and Crisis Centre Coordinator, local church person, parent of intellectual disabled child as well as traditional healer.

The study revealed that sexual abuse of teenage learners with intellectual disability is riddled with myths and misconceptions that rendered them vulnerable to various forms of sexuality in the community. Recommendations based on the findings were made: promoting a better understanding of intellectual disability, sexuality education, and promoting the right attitude.

Keywords: sexual abuse, teenage learners, intellectual disability, KwaZulu-Natal.

Acronyms

AAIDD..............................American Association on Intellectual Development and Disability

AIDS............................... Acquired Immune Deficiency Syndrome

CSVR..............................Centre for the Study of Violence and Reconciliation

DoE...................................Department of Education

EJHS.................................Electronic Journal of Human Sciences

HIV...................................Human Infected Virus

ID......................................Intellectual disability

IQ.......................................Intelligence Quotient

KZN................................. KwaZulu-Natal

NGO`s................................Non-Governmental Organisations

SAPS..................................South African Police Services

SASE.................................. South African Society for Educators

SGB.................................... School Governing Body

STD`s..................................Sexual Transmitted Diseases

STI`s...................................Sexually Transmitted Infections

SVRI..................................Sexual Violence Research Initiative

UK......................................United Kingdom

UNAIDS............................United Nations and AIDS

UNESCO...........................United Nations Education, Scientific and Cultural Organisations

UNICEF.............................United Nations International Children`s Emergency Fund

USA......................................United States of America

WHO...................................World Health Organisation

WWW................................ World Wide Website

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CHAPTER 1

INTRODUCTION

1.1 Background

Sexual abuse is a worldwide problem that cuts across all sectors of the population, irrespective of characteristics and age, but South Africa in particular has higher incidences involving the school-going age population (Anderson, Foster, Matthis, Marokoane, Mashiane, Mhatre, Mitchel, Mokoena, Monasta, Ngxowa, Salced and Sonnekus, 2004). Sexual abuse occurs in the community, at home, at schools, and to children on their way to and from school. A number of attempts have been made to ensure that survivors receive appropriate support and care to overcome the negative consequences, including psychological, physical health and legal services. However, very little information is available to make the public aware of the problem or to teach them how to care for and give support to survivors with intellectual disability. This suggests a partial understanding of the problem amongst the society. The need to advance South African research in this area is undoubtedly great, to avoid speculation and total reliance on the literature conducted in other countries. Countries are different and one`s person probable claim can be seen by another person as a probable lie (*The News Manual*, 2008).

Within the South African situation, the exact rates of sexual abuse amongst teenage learners with intellectual disability are hard to establish, as such information is hardly specified in official reports (Phasha, 2009). However, UNICEF (2005) has cautioned that developing countries have higher rates of sexual abuse affecting people with intellectual disability. Furthermore, they highlighted that the annual rates of sexual crimes committed against the group in question is 1.7 times greater than those committed against their non-disabled counterparts. With special reference to South Africa, Janssen (2005) comments

that females in this category are extremely prone to sexual victimization, while Dickman and Roux's (2006) study in Cape Town demonstrates that young children in all categories of intellectual disability (mild, moderate and severe/profound) fall victim to sexual abuse.

International studies attest to the existence of sexual abuse amongst young children with intellectual disability. For instance, from a study conducted in the United States of America (USA), Egemo-Helm, Miltenberger, Knudson, Finstrom, Jostad and Johnson (2007) found the number of assaults, rapes, and cases of abuse to be twice as high as those perpetrated against their non-disabled counterparts. According to a study in Australia by Keilty and Connelly (2001) 50% of women with disability had experienced sexual exploitation by the time they reach adulthood, while the study conducted in the United States of America by Owen and Griffiths (2009) reports that 39-68% of girls and 16-30% of boys with intellectual disability would experience sexual abuse before they reached the age of eighteen.

Studies further alluded to the societal understandings of sexual abuse involving individuals with intellectual disability as a major factor contributing to their vulnerability to this form of abuse. Morrissey, Mooney, Hogue, Lindsay and Taylor (2007) pointed to a common understanding that people with intellectual disability are naturally seductive and promiscuous (Basson, 2010) and they are assumed to be sexually inactive, or at less risk of violence or rape than their non-disabled counterparts (Groce, 2004). They are at times considered as childlike (Howe, 2000). Some understandings are linked to the general limitations of disability itself, but for learners with intellectual disability the perceptions are that they are unable to judge the motives of others (Grieveo, McLaren and Lindsay, 2006), to assess violent situations, defend themselves and/or flee, or report violence (Bazzo, Nota, Soresi, Ferrari and Minnes, 2006).

Although these studies are insightful in sensitizing the public about the understanding of sexual abuse involving teenage learners with intellectual disability; it could be misleading to generalize these findings to the South African situation due to contextual differences. This does not suggest that useful analysis and lessons from those findings cannot be drawn, but there is a need to advance South African research in this area so as to avoid speculation and reliance on the literature conducted in other countries. Additionally, such information is necessary to inform the schools about strategies for caring and supporting such victimized learners.

1.2   Problem statement

The problem to be addressed in this study pertains to the understandings of sexual abuse as it relates to teenage learners with intellectual disability in a rural area of the province of KwaZulu-Natal (KZN), South Africa. Regular media reports confirm that such incidents are frequent in special schools that cater specifically for children with intellectual disability. In addition, care and support when such incidents have been identified or suspected is not always satisfactory due to various disturbing understandings around the problem. Such responses cannot be tolerated in a country well known for incidents of violence against females, occurring alongside myths about cures for HIV/AIDS infection (The Centre of the Study of Violence and Reconciliation, 2001). Disturbing myths should be exposed for the sake of affording these learners quality of life and the security they deserve. Misconceptions about intellectual disability and their sexuality render teenage learners with intellectual disability prone to sexual abuse in the school, home and community. In addition, sexually abused teenage learners with intellectual disability do not get appropriate care and support.

My focus is on teenage learners because most of the incidents of reported sexual abuse involve them. They are the most targeted group because they are easily deceived and bribed, and their minds are not yet fully developed (Ansari, 2010). According to the *Britannica Concise Encyclopaedia*, (1994-2010), teenage years are a time of great change and a transition period between childhood and adulthood. Rich (2002) indicates that at this stage children start to focus on social relationship and sexual feelings crop up as they begin to touch, fondle, rub their genitals and masturbate. On the other hand, Lyness (2009) highlighted that during teen years sexual feeling are awakened in new ways because of the hormonal and physical changes of puberty. They often have intense sexual feelings and thoughts which are confusing and disturbing.

1.3 Rationale and motivation

Care and support for sexually abused people with intellectual disability remains an unknown matter in South Africa, as it was highlighted by Dr. Sibongiseni Dhlomo, the Minister of Health in KwaZulu-Natal (Department of Health, Province of KwaZulu-Natal, 2012). According to Janssen (2005), the capacity to respond to sexual abuse diminishes when a women or a child with intellectual disabilities reports the case. For example, a sexual assault centre might claim not to have the expertise to provide counselling to a person with intellectual disabilities; an agency, which provides services to people with intellectual disabilities, may feel they do not have the expertise required to deal with sexual assault. Due to perceived communication difficulties, the court case could be dismissed and an attorney may feel that a woman will not make a credible witness because of her disability (O'Callaghan and Murphy, 2007).

Sexual abuse involving teenage learners with intellectual disability is a matter that affects schools (South African Government Information, 2012). Alongside harmful

psychological, physical, and behavioural effects (Davies, 2011), a sexually abused person may experience educational problems, such as difficulties in concentrating in class due to intrusive thoughts and flashbacks. According to *Childline*, a crisis helpline for children in KwaZulu-Natal, this in turn could be increased by lack of friends, isolation from peers and uncaring attitudes in the school (*Childline* Report, 2005). The learner may perform very poorly at school and lose interest in school work due post traumatic stress disorder (Karande and Kulkarni, 2005).

The schools should take a leading role in providing care and support to survivors. The Constitution of South Africa (RSA, 1996) promotes children's rights to protection and access to education, implying the elimination of any factor which could threaten the child's education. The Sexual Offences Act (2008) prohibits sexual exploitation of children, and further calls upon all adults (including teachers) to play an active role in preventing the problem. The Inclusive Education White Paper 6, of the Department of Education (DoE, 2001) stated explicitly that sexual abuse is a barrier to learning, and learning institutions should offer a caring and supportive environment for survivors to develop and succeed academically.

Considering that sexual abuse also affects other aspects of the learner's life, the school cannot be the only role-player when it comes to the provision of care and support for survivors. As argued by Delany (2005), care and support efforts require the active participation of the entire community. The assumption behind the community-based approach is that required services to mitigate a particular problem should be drawn from various sources within that community. As Swart and Phasha (2005) averred, "neither the schools nor any other agency can provide the full range of services needed to adequately

address social, emotional and behavioural problems that undermine barriers to learning and development."

1.4   The aims of the study

The purpose of this study was to explore participants` understandings of sexual abuse involving teenage learners with intellectual disability in order to suggest the best approach for caring and supporting intellectually challenged teenage learners with a history of sexual abuse in a rural area of KZN.

1.4.1 The objectives of the study

The objectives of the study were to:

i. Explore understandings of sexual abuse involving teenage learners with intellectual disability.

ii. Suggest the best approaches for caring and supporting intellectually disabled teenage learners with a history of sexual abuse in KZN.

My research questions clearly revealed my assumption that individuals, through their interaction with their fellow human beings, invent meanings. Meanings are forever changing and therefore members of the society may possess different meanings that are susceptible to change as circumstances change and/or new information is gained (Wilkinson, 2010). I therefore anticipated the end product of this study to suggest best strategies for caring and supporting sexually abused teenage learners with intellectual disability. I aimed to go beyond merely exploring the phenomenon under study, to detailing factors that contributed to understandings and explained how such factors interacted with each other to influence the understandings.

1.5   Definitions of key terms

The following terms were defined as understood in this study:

Intellectual disability: As explained by the American Association on Intellectual and Developmental Disabilities (2010), the term refers to the sub-normal intellectual development or functioning that has congenital causes, brain injury or damage, and is characterized by deficiencies ranging from impaired learning ability to social and vocational inadequacy. The American Association on Mental Retardation (2009) categorized the term into the following:

(i)   Mild. IQ levels between 50 and 75. People in this category can acquire academic skills up to Grade Six.

(ii) Moderate: IQ levels range between the 35 and 55 percentiles. Such persons can carry out work, including self-care tasks with moderate supervision.

(iii) Severe intellectual disabilities have their IQ in the range of the 20 and 40 percentiles and are capable of mastering self-care skills and some common skills.

(iv) Profound intellectual disabilities have IQ levels ranging between the 20 and 25 percentiles. They may master self-care and some communication skills with appropriate support and training.

My research focused on teenage learners who are classified as having *mild* intellectual disability. I have chosen this group because most of them are able to report incidences of sexual abuse happening to them. They report sexual abuse to their parents or to their teachers verbally.

Sexual abuse: Myers (2002) refers to any contact and non-contact interaction between a child and an older or more knowledgeable child or adult (stranger, sibling or person in position of

authority such as parent or caretaker), when the child is being used as an object of sexual gratification by an older child or adult. Such contact or interaction is carried out against the child using force, trickery, bribes, threats or pressure.

(i) Contact: Touching and fondling of the sexual portion of the child's body (genitals and anus) or touching the breasts of pubescent females; or the child touching the sexual portion of a partner's body.

(ii) Non-contact: Sexual kissing: penetration, which include penile, digital and object penetration of the private part, mouth or anus, child-to-adult sexual activity; or pornographic movies and photographs; making lewd comments about the child's body; making obscene phone calls or having children pose, undress or perform in a sexual fashion on film; peeping into a bathroom or bedroom to spy on a child when bathing or dressing.

1.6   KwaZulu-Natal

KwaZulu-Natal (KZN) is one of the largest provinces in South Africa, with a motto *'Masisukume sakhe',* meaning 'let us stand up and build'. The Premier is Zweli Mkhize of the African National Congress (ANC). It has a total area of 94,361square kilometres with a population in 2010 estimated at 10,645,400. KZN has a population group of Blacks-86.0%, Indian- 8.1%, Whites- 4.4% and Coloured- 1.4%. About 80% speak isiZulu, 13.4% speak English, 3.5% isiXhosa and 1.5% Afrikaans. It is called 'the garden province' and is home of the Zulu nation. The Zulu monarch, King Goodwill Zwelithini kaBhekuzulu has six wives and, traditionally, each year a ceremony is performed in which the king receives another wife. A Reed Ceremony is held every year to promote abstinence until marriage as a way of preserving Zulu culture and preventing the spread of

HIV/ AIDS. Despite this, however, KZN has the highest rate of HIV infection in the country, with 39% (UNAIDS, 2009).

1.7   Further development of the study

The study will develop as follows:

Chapter 2

The chapter reviews the local and international covering of issues of sexual abuse and care and support pertaining to learners with intellectual disability. The overview covers topics of sexual abuse local and international, misconceptions about sexual abuse of individuals with intellectual disability, factors that make young people with intellectual disability vulnerable to sexual abuse, as well as responses or care and support for sexually abused young people with intellectual disability.

Chapter 3

The chapter outlines the research methodology and methods employed in the research. It presents my philosophical standpoint as it pertains to the discussion and describes the process of sampling, data collection tools and method of data analysis.

Chapter 4

The chapter presents the research findings from the data collected from the participants using interviews. The interviews were tape-record and listening to them for several times themes and categories emerged from participants` understandings of the phenomenon studied. The understandings of sexual abuse as a condition and misconceptions about the researched group are revealed in this chapter.

Chapter 5

The chapter comprises a discussion of the findings in relation to national and international literature, with analysis of understanding of intellectual disability and sexual abuse of teenager learners with intellectual disability. Recommendations are made for community-based strategies for providing care and support, related to the community in which the study was conducted. This chapter also provides limitations of the study and makes recommendation for further study.

1.8 Conclusion

I have provided background information to explain sexual abuse as a worldwide problem. Teenage learners with intellectual disability are the most marginalized people with little information available to sensitize the public about their being sexual abused. This study addresses the understandings of sexual abuse involving teenage learners with intellectual disability in order to suggest community-based approaches for caring and supporting them. This study has opted to use Bronfenbrenner`s ecosystemic theory as a lens through which the problem posed in this study shall be investigated.

The next chapter reviews related literature on sexual abuse in general as well as sexual abuse of teenage learners with intellectual disability internationally and in South Africa. I review perspectives about sexual abuse among teenage learners with intellectual disability and myths and misconceptions about sexual abuse involving people with intellectual disability, as well as factors that contribute to their sexual abuse and the care and support given to them.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter reviews international and national literature on sexual abuse of people with intellectual disability. The literature discusses sexual abuse of children in general and of those with intellectual disability in particular. The review provides an insight into the seriousness of the issue considered taboo by some families and communities. The chapter also touches on the prevailing community understandings of sexual abuse involving individuals with intellectual disability and factors contributing to their vulnerability. In the last section of the chapter is a discussion about care and support received by sexually abused individuals with intellectual disability.

2.2 Theoretical Framework

This study adopts Bronfenbrenner's eco-systemic theory as a lens through which the problem posed in this study shall be investigated. The central idea of the model is that a phenomenon should be understood in relation to other influencing factors that lie at different levels on which an individual is constantly and dynamically interacting. The model identifies those factors as lying within the following levels described by Bronfenbrenner (1994) and further simplified by Swart and Pettipher (2005):

   i.   Microsystem: This is where the risk factors that are intrinsic to teenage learners
        with intellectual disability are found. This system conceptualizes the risk factors
        where external factors also coalesce internally. Therefore, in the case of teenage

learners with intellectual disability, the family/parents, community and environment influence or shape the child positively or negatively.

ii. Mesosystem: This is the level where the teenage learners with intellectual disability interact with their families. It includes family dynamics, parenting style, psychological resources of the parents and the development history of the parents. The child`s characteristics may increase the risk of sexual abuse, since it will impose stress on the parents or might lead to parental rejection or parents perceiving their children as different.

i. Exosystem: Formal and informal social structures that may have influence on the teenage learners with intellectual disability. Examples are education, healthcare, extended families, neighbours, churches and welfare services. These social structures may have an influence on the way teenage learners with intellectual disability are treated.

ii. Macrosystem: This level does not directly influence the child. This level covers the influence of ideology on an individual. In the case of teenage learners with intellectual disability, society`s attitude is one the factors that contribute to their treatment. If society does not value their lives then victimization will flourish. This indicates that when a problem is as pervasive as that of sexual abuse, it must be assumed that certain social conditions coalesce to maintain it. It is therefore logical to assume that certain societal condition foster a culture in which teenage learners with intellectual disability are allowed to be sexually abused. This system focuses on cultural beliefs, customs, attitudes, values and ideology that may foster sexual abuse, including power, oppression, generational effects and collective denial.

iii.   Chronosystem: The environment in which the child is raised. If the child lacks stimulation he or she is deprived of childhood. In an environment where there is no stimulation, the child cannot fully realize his or her potential and the danger exists of sexual abuse. The chronosystem also encompasses change or consistency over time, not only in the characteristics of the person but also of the environment in which that person lives. Examples change over the life course in family structure, socio-economic status, employment, place of residence or degree of disruption and ability in everyday life.

In light of the above, I assume that participants' understandings of sexual abuse involving teenage learners with intellectual disability is a product of human interaction, and are rooted in the cultural, social, political and other factors. The approach will enable me to describe understandings about the phenomenon studied and how factors interact with each other and individuals in forming such understandings. The disturbance of one system has a cascading influence throughout the interaction of the other systems. It is only when one understands the phenomenon and contributory factors that one can inform the relevant care and support services.

2.3   Overview of sexual abuse involving children

Olean Times Herald (2012) indicated that child sexual abuse is an international issue, a personal, a family, and a community problem. Sexual abuse of children occurs across cultures and socio-economic circumstances (Delany, 2005). In the United States of America (USA) there is a rape of a woman on average every two minutes (Bureau of Justice Statistics, US Department of Justice, 2009). Rape Survivor Journey (2011) reports that approximately 85,000 woman were raped in the United Kingdom (UK) in 2006, averaging about 230 cases a day. In the same news report it was indicated that in

Cambodia rape is estimated by the local and international Non-Governmental Organisations (NGOs) to be common, but only a very small minority of these assaults are ever reported to the authorities, due to the social stigma associated with being a victim of sexual crime, and in particular to losing one's virginity before marriage.

In the Democratic Republic of Congo (DRC), the prevalence and intensity of rape and other sexual violence is described as the worst in the world; so-called 'war rape' has been a cheap simple weapon for all parties and more easily obtainable than bullets or bombs (Rape Survivor Journey, 2011). Aljazeera (2010) reported that Palestinian children held in Israeli custody had been subject to sexual abuse in an effort to extract confessions from them and their allegations were dismissed as untrue. On the other hand, Miles and Stepheny (2000), in their study conducted in India, indicated that there are some families where sexual abuse and related activities do not violate social taboos, for example, families may practice incest or sell children into prostitution, and secrets can be part of a dysfunctional family system. The Council of Europe (2010) documented statistics for Western democracies in which approximately one in ten children or young adults was the victim of some form of sexual abuse.

Child prostitution, pornography and coercing children into participating in pornographic performances are also problematic issues of sexual abuse. Interpol (2011) cautions that child exploitation on the internet ranges from posed photographs to visual recordings of brutal sexual crimes. De La Vega and Dahlstrom (2007) have found that Western countries, especially Germany and the USA drive the demand for child pornography, while children in developing countries are very often those who are exploited in fulfilling the supply. Between 80 and 100% of those who purchase child pornography also engage in sexual activity with children. De La Vega and Dahlstrom (2007) also claim that more

than 50% of Indian children are sexually abused and the protection for survivors of such violence find little solace in Indian law, which defines rape narrowly in terms of penile penetration. There is a tendency to view children as property owned by their parents rather than as persons with human rights of their own.

Within the South Africa context, offences of rape and sexual abuse involving children have reached crisis proportions (Rana, 2008), which suggests that abuse is on the increase and/or is being more widely reported and spoken about. In 2005, the South African Police Services (SAPS) estimated about 23,000 cases of child sexual abuse, a figure in contrast to England and Wales, with nine million higher populations, but with a relatively lower 13,300 reported rape cases of females in the same 12 month period.

In 2007 *Childline* indicated that 500,000 children are raped in South Africa each year, reporting an almost 400 % increase in cases of abuse against children. The SAPS (2009/2010), on the release of rape statistics, cautioned that a woman born in South Africa has a greater chance of being raped than learning to read. They further stated that there were about 68,332 numbers of cases of rape and sexual assaults recorded in that year. On this, Victim Empowerment Unit (2010) remarked that South Africa remains one of the most sexually violent countries in the world.

According to Phasha (2006), there has never been a time when women and children were not sexually abused in South Africa; the author cautions that the reported incidents represents the *tip of an iceberg* because some cases do not even reach the law enforcement agencies due to some community members` perceptions of sexual abuse as a taboo subject. Similarly, La Freniera (2006), a journalist for *The International Herald Tribune Africa and Middle East*, has indicated that some cases are being dropped, or the files with the case records are "going missing".

Children may be afraid to speak out because of the perpetrator's manipulation (Munro, 2000). Bethany (2011) documented a case of a girl-child who was overprotected in her family except when it came to sexual abuse, which was repeatedly perpetrated by her father. Her mother knew about it and confronted her husband who admitted to sexually abusing her daughter. Instead of reporting the incident to the police, both parents visited a senior pastor who said a quick prayer. Despite that the father continued to abuse her, it was not reported, an example of how sexual abuse cases go unreported.

Children are increasingly abused sexually at places that are glorified ideologically as safe havens for them, for example, social institutions for nourishment and protection, including schools, churches and homes (Phasha, 2009). This contradicts the traditional assumption that sexual abuse of children was committed by 'dirty old men' (strangers) in parks. At schools, girls in particular, are raped and attacked in toilets, empty classrooms, corridors, hostel rooms and dormitories by their male classmates, and even by their teachers (George, 2001).

American Psychological Association, (2011) documented that in the USA, most children are sexually abused by someone they know and trust. An estimated 60% of perpetrators of sexual abuse are known to the children, but they are not family members, they are family friends, babysitters, childcare providers, neighbours. Another 30% of perpetrators are family members including fathers, brothers, uncles and cousins, while 10% of perpetrators are complete strangers (American Psychological Association, 2011). On the same note, Weber (2011) argues that children are often 'groomed' for sexual abuse, and the timeframe for this grooming, or preparation, can be from six months to a year.

2.4   Child sexual abuse in KwaZulu-Natal

According to *Childline* (2007), KwaZulu-Natal is considered a province with the highest number of reported cases of sexual abuse involving children, followed by Gauteng. The study conducted by Collins (2005), during the period of January and December 2003, indicated 131 boys as having experienced sexual abuse over the period of three years, with most survivors falling in the 4 to 11-year-old category. The children (56% of cases) mainly knew the perpetrators and the causes were argued to be exacerbated by a breakdown in family support networks. *Childline* (2007) stated that many children were being used to support their families and pay school fees through dispensing sexual 'favours'. They often engage in unprotected sex for money or other rewards. Meanwhile, in KwaZulu-Natal, *Childline* (2005) noted that lack of service delivery, free schooling and employment opportunities for youth, especially those living in poverty, has increased the incidence of sexual abuse and so-called 'gang rape' (rape by multiple assailants).

According to a study conducted by Anderson, Foster and Matthis (2004), 15.8% of youth have unprotected sex so that they can spread the infection intentionally, and 8.6% have been forced to have sex in the past. The study further found that about 28,000 children were involved in the sex industry, with KwaZulu-Natal in particular registering 50% of children under the age of 17 as receiving therapeutic services (in Delany, 2005).

For learners with intellectual disabilities, it might even be worse because teachers are not willing to teach them about HIV and sexuality. Teachers say they "don't want to wake up sleeping dogs", yet the study in KwaZulu-Natal indicates that people with severe mental illness have a higher HIV prevalence than those in the general population (Hanass-Hancock, 2009). Furthermore, the study documented that disability in traditional Zulu cosmology is sometimes regarded as a curse from god, a lack of ancestor protection, or

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exposure to ritual pollution. In all three cases, disability becomes a personalized shame and either the person with the disability themselves or their parents are blamed for the misfortune. In Zulu cosmology, people who have disabilities are regarded as cursed or polluted, so they might find it difficult to gain access to employment or to be successful in anything, as people are scared of contagion (Hanass-Hancock, 2009).

2.5 Prevalence of sexual abuse among people with intellectual disability

According to a study conducted in USA by Egemo-Helm, Miltenberger, Knudson, Finstrom, Jostad and Johnson (2007), sexual abuse of individuals with disabilities is widespread, and they documented that in the general population, between 5 and 10% of boys and at least 20% of girls have been sexually abused. Individuals with mental retardation are at high risk of being sexually victimized. Another Study conducted in Australia by Davis (2005), of individuals with intellectual disabilities, found the group to be sexually victimized more often than their non-disabled counterparts, while females face increased risks of sexual assault (Keilty and Connelly, 2001). On the same note, Reiter, Bryen and Shachar (2007) documented that girls with intellectual disability were the most frequently sexually abused and many intellectual disabled people were forced by non-disabled people to touch them in a sexual way.

Similarly, Egemo-Helm, Miltenberger, Knudson, Finstrom, Jostad and Johnson (2007) documented that between 15 000 and 19 000 cases of people with developmental disabilities being raped were recorded each year in the USA, while women with mental retardation were assaulted, raped and abused at a rate twice as great than women without disabilities. They estimated that between 50 and 99% of people with intellectual disability experience sexual exploitation by the time they reach adulthood. They also documented that women with intellectual disability are assaulted, raped and abused at a rate twice as

high as those without disability, while Davis (2005) reported that 25% of girls and women with intellectual disability who were referred for birth control had a history of sexual abuse. Furthermore, a compilation of national prevalence studies suggests that from 39 to 68% of women with intellectual disabilities will be sexually abused before they reach the age of eighteen (Owen and Griffiths, 2009).

Kaufman (2008) indicates that children and adolescents with disabilities are at significantly increased risk of sexual assault, at 1.5 to 2 times higher than the general population. Those who have milder cognitive disabilities are at a higher risk. However, in some instances the prevalence is difficult to be determined because no statistics are maintained on such incidents (Grieveo, McLaren and Lindsay, 2006). In another study conducted in the UK by Balogh, Bretherton, Berney, Graham, Richold and Worsley (2001), the estimates are subject to a lack of disclosure and under-reporting. The study reported that for people with intellectual disabilities these difficulties are even greater since less is known about them, due to a greater the under-reporting. According to Davis (2005), 97 to 99% of abusers are known and trusted by the victim with intellectual disability, while in 32% of cases, abusers are family members, and 44% have had a relationship with the victim.

2.6 Sexual abuse among intellectually disabled people in South Africa

Phasha and Myaka (2009) indicate that South Africa has been identified as a hub for various forms of sexual violence and abuse against women and children, yet little has been alluded to regarding occurrences of sexual abuse amongst individuals with intellectual disability, except during special days that mark the observation of violence against women and children. Phasha (2009) argues that although the statistical report on sexual abuse in South Africa does not mention crimes committed against individuals with

intellectual disability, UNICEF (2005) reports on the violence against disabled children indicates that the annual rate of sexual crimes committed against this group is high. Whilst it is clear that sexual abuse is a widely documented issue in South Africa as compared to other countries in sub-Saharan Africa (Lalor, 2004), information on such a problem as it pertains to people with intellectual disability is scant (Adnams, 2010)

My literature search in South Africa on sexual abuse of teenagers with intellectual disabilities revealed few studies of the topic. In one study that was found, by Dickman and Roux (2005), in a mental institution in Cape Town, the focus was not only on teenagers. Women with mental illness are vulnerable to rape because they are believed to be promiscuous and hypersexual. Service providers hypothesized that victimizers knew that these women would not be trusted if they reported a rape and that women most likely would not attempt such a report. Whitehead (2004) found that the most vulnerable segment of those with disabilities were persons with mental or psychological disabilities, as they are often rejected by society and abandoned by their families. They are considered as 'soft' targets by the criminal element.

2.7 Factors that put intellectually disabled children at risk of being sexually abused

Sexual abuse is riddled with the misconceptions about the sexuality of people with intellectual disability, which render them vulnerable to further abuse. Hanass-Hancock (2009) has documented that in KwaZulu-Natal, disability and gender are associated with myths and stereotypes that exacerbate the vulnerability of people with disability to HIV/AIDS. Sexual abuse and exploitation have become major threats to fighting HIV/AIDS with the group of people with disabilities. Hanass-Hancock also indicated that potential contributors of sexual abuse are sexual purification rituals, sexual exploitation and the judicial system. There are a number of factors that make teenagers with

intellectual disability vulnerable to sexual abuse. For this study I have grouped the factors into: individual, family and community. The grouping of these factors that put intellectually disabled children at risk of being sexually abused are consistent with the theoretical framework adopted for this study, which is ecological approach.

2.7.1   Individual factors

Dependency on others for bodily care makes teenagers with intellectual disability prone to sexual abuse (Bazzo, Nota, Soresi, Ferrari and Minnes, 2007), as can increased exposure to a large number of caregivers and settings, inappropriate social skills, poor judgment, inability to seek help or to report abuse, and lack of strategies to defend themselves against abuse (Egemo-Helm, Miltenberger, Knudson, Finstrom, Jostad and Johnson, 2007; McConkey and Ryan, 2001). As far back as 1993, a study conducted by Ticoll and Panitch (1993) has listed the following factors that they believe make individuals with intellectually disability liable to abuse: (a) isolation or segregation and loneliness; and (b) lack of decision-making. They are rarely given information they need to make decisions, and often decisions are made on their behalf, thus limiting their ability to report incidents. Individuals who have intellectual disability have a memory problem, revealed in a study conducted by Keilty and Connelly (2001) and Beaila (2002) as making it difficult for acquiring, retaining and retrieving information, and thus rendering it easy for them to fall victims of sexual abuse. Crowley, Rose, Smith and Hobster (2008) found that poorer cognitive abilities, including memory and reason, provide limited evidence for intervention. People with intellectual disability have difficulties in understanding, assimilating and recalling happenings.

According to a study conducted by Jenkins and Davies (2011), people with intellectual disability have substantially restricted access to appropriate information about what

constitutes appropriate behaviour, and this has led them to be sexually victimized. A similar study in the UK by Balogh, Bretherton, Graham, Richold and Worsley (2001) noted that restricted access to information affects communication skills, which has made it more difficult for them to report sexual abuse, resulting in significant under-reporting. The isolation and loneliness in which many women live may leave them longing for any expression of care and intimacy, and this can make them more vulnerable to sexual assault and emotional abuse (Public Health Agency of Canada, 2009). On the same note, Petersillia (2010) documented that desire for acceptance often leads people with cognitive disabilities to acquiesce in behaviour they do not like or do not want. They often feel powerless to avoid painful or harmful experiences. Grieveo, McLaren and Lindsay (2006) have confirmed that the abusers would detect individuals with limited communication skills or insufficient use of language.

Davis (2005) reveals other risk factors faced by these individuals, such as lack of instructions and supporting resources to empower them against required skills for protection. The study further states that these individuals may live in an over-controlled environment and so not be able to develop these skills, and some of this population live in an authoritarian environment, which contributes to feelings of powerlessness over their situations. They are not given sufficient opportunities to detect safe versus unsafe situations. However, Janssen (2005) states that individuals with intellectual disabilities are not organized in Southern Africa, except to some extent in South Africa, and so they do not attend schools where educators could reach them. Therefore, they will not receive any sexuality education.

People with intellectual disability are vulnerable to sexual abuse and are unable to judge the motives of others (Grieveo, McLaren and Lindsay, 2006). As documented by Bazzo,

Nota, Soresi, Ferrari and Minnes (2006), they are also unable to assess violent situations, to defend themselves and/or flee, or report violence happening to them. For example, disclosure can be particularly difficult for younger children who have limited language and developmental abilities. If the child does not understand that abuse was wrong this may prevent him or her from telling someone (The National Child Traumatic Stress Network, 2009).

2.7.2 Family factors

According to UNICEF (2005), poverty has led many families to give their children to prostitution, and some disabled children are specifically sought out because of their disability. The study further noted that some families go to the extent of renting out their children's body to an adult or sex and/or pornography. *Childline* (2005), though referring to sexual abuse of children in general, confirmed that poverty contributes greatly to the sexual vulnerability of children. It stated that children are easily exploited sexually in exchange for basic needs. Such lack of access to financial resources and poverty contributes to sexual violence, including sexual abuse amongst people with disabilities.

Childline (2005) also stated that lack of family stability, especially when the biological parents have died, leads children to live with other family members, amongst whom some experience sexual abuse. They documented an example of a child who believed that she had been 'set up' by her father to be gang-raped by his friend and others in return for payment. Gwandure (2010) has documented that a problem of human settlement is contributing to children's sexual abuse, to the point where children, parents, grandparents, uncles or even friends all live in one cramped space. People undress, bathe and sleep in extremely small areas without partition or privacy, and members of the family may sleep next to children on the floor and have sexual intercourse while ignoring the children,

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including adolescents and young adults. The link to sexual violence when adults and children sleep in one bed and share linen is that most reported cases about incest happen amongst relatives who share living space challenges.

Studies by UNICEF (2005) in Thailand, Taiwan and Kosovo also report that children with disabilities are sold into prostitution due to poverty and lack of alternatives for the family. In Thailand it was revealed how proprietors of prostitution houses specifically sought out deaf children and adolescents with intellectual disability because they were less able to communicate their distress. In Kosovo, mental health facilities trade in prostitution, where staff sells adolescent girls with mental disabilities, whereas in Taiwan, six times as many children with mild developmental disabilities were in prostitution than in the general population. Contrary to the above, Madu (2000) has stated that many parents work and leave children alone at home during the weekdays or with nannies and grandparents, who may not give them the care, guidance or protection parents would. Thus, they may be exposed to childhood forcible sexual abuse and other forms of sexual abuse from the opportunistic perpetrators.

Neglect is another factor documented by UNICEF (2005), when parents or guardians do not provide basic or life-sustaining care or support. An example would be a refusal to intervene by the family members, neighbours, healthcare professionals and social services experts, when they are aware that the child is being abused. Phasha (2009) indicates that care and support services for sexually victimised individuals with intellectual disabilities remain a serious concern. This is because professionals often respond negatively to their situation. For example, health centres frequently fail to provide adequate or factual information and the justice system does not recognise their capability as reliable witness

of their own abuse. Additionally, the family rarely report their sexual abuse and the school programmes offer them less instruction about sexuality and reproductive matters.

2.7.3 Community factors

Groce (2004) has documented the folk belief about virgin cleansing, whereby other people in the community believe that having sex with an individual with disability can rid one of sexually transmitted diseases (STDs). Hence, people sexually abuse virgins with intellectual disability because it was believed that a syphilitic man could lose the infection. UNICEF (2005) noted that perpetrators with STDs might believe they can rid themselves of the infection by having intercourse with a virgin with disabilities. Other societies still believed that if the child had a disability this was due to witchcraft or evil spirits, or being inhabited by a devil, and to get rid of the spirits the person needed to be violated in any form. The Electronic Journal of Human Sciences (EJHS, 2002) also documented that some parents of individuals with intellectual disability regard sexuality as hazardous for their children. The fear is motivated some of their children having been sexually abused.

UNICEF (2005) noted the lack of reporting mechanism in the community prohibits survivors, parents and caregivers from complaining about violence or victimization for fear that their children will be dismissed from the programme. The report also noted the inaccessibility of legal services, arguing that the justice system is inaccessible to those with disabilities and the matter of reporting sexual abuse is too complicated to pursue for those with intellectual disabilities. Furthermore, the World Health Organization (WHO, 2010) reported general devaluing of disability and disempowering of disabled people by society. Stigma and exclusion led them to less participation in society and less access to

preventive or protective services. They receive poor or no support for children and their families in a community, and there is lack of effective child protection systems.

2.8 Myths in the community about sexuality

Sexual abuse of people with intellectual disability is differently understood with some understandings being disturbing and perpetuating the occurrence of the problem. They are therefore not helpful in curbing the problem. Human Systems and Outcomes Incorporated (2009) pointed out that teenagers with intellectual disability are often understood to be naturally seductive and are understood as promiscuous. Groce (2004) indicated that people with intellectual disability are assumed to be sexually inactive, or at less risk of violence or rape than their non-disabled peers. According to a study conducted by Aunos and Feldman (2002), about the attitudes of people towards sexuality, sterilization and parenting rights of persons with intellectual disabilities in Canada, individuals with intellectual disability are viewed by many people as sexually deviant or asexual, incapable of having a long-term sexual relationship and so to be discouraged from having sexual relationships.

Meanwhile, Bottoms, Nysse-Carris, Harris and Tyda (2003) stated that children with intellectual disability are judged negatively in terms of intellectual capacity and logical ability, and some jurors think that, as survivors, they could fabricate false charges. Eastgate (2008) researched the sexual health of people with intellectual disability in South Brisbane in Australia, reporting that the society still held the belief that people with intellectual disability were either childlike and asexual or oversexed, and so were likely be become sex offenders. However, the Society of Obstetricians and Gynaecologists (2010) has indicated that people with intellectual disability have uncontrollable sex drives since they are unable to understand their sexual desires. Swango-Wilson (2008) has documented

that a mistaken belief held by many caregivers is that individuals with intellectual disability are childlike and incapable of sexual feelings, and these perceptions contribute to stereotyping which often results in discrimination.

2.9 Lack of understanding about intellectual disability

Tracing the origin of attitude towards disability in Western society, Independent Living Articles (2002) found that disability is assigned different meanings in a particular cultural context and time. The study further argued that meaning is dominated by religion and superstition, disability was equated with sin, useless, pity, manifestation of evil and therefore persecuted. On the other hand, Pothier and Devlin, (2006) documented that the perception of disability as deviance has persisted, leading non-disabled people to distance themselves from people with disability out of fear.

Similary, Froestad and Ravneberg (2006) note that teachers and doctors are responsible for determining the conception of normality and disability. People with disability are judged as socially inferior, feeble-minded, insane, idiots, imbeciles, morons and mad. As Luckman and Berger (2007) stated, many words with the prefix 'dis-' have negative connotations and create barriers to those people mentioned. Recent studies by United Nations Human Rights (2011) highlighted that genocide is the ultimate expression of hatred and violence against other groups. Stereotyping often leads to prejudice and unchecked prejudice leads to discrimination and violence. Prejudice can be spread by the use of propaganda. When one judges people and groups based on prejudice and a stereotype there is a tendency to treat them differently.

According to a study conducted by Crane (2002), society recognized that some individuals did not appear to learn, solve problems, develop language or behave in a 'normal' way, and so labelled them as 'mentally retarded'. Crane (2002) alluded that

around the 17th and 18th century in Europe, children with intellectual disability were killed. For instance, in one area they were inspected from birth and if found with disabilities were thrown over a cliff in an act of infanticide. Similarly, in Africa, if a newly born infant was inspected by elders and found to have some deformities, he or she was killed because it was believed he or she would be a burden. That was a common practice but was not necessarily permitted by certain hierarchies of officialdom. Alternatively, they were thought to be possessed by a demon and would be objects of pity. For instance, certain ancient attitudes toward individuals with intellectual disabilities were religiously influenced. Further more, Crane (2002) documented that Pope Leo X kept dwarves with intellectual disabilities and made them the objects of entertainment by playing tricks with them and his friends. This is consistent with a study conducted by Lubet (2010), in which it was revealed that disability was an issue socially constructed in relation to gender, sexuality and disability.

UNICEF (2005) also stated that cultural, religious and popular social beliefs often assumed that a child born with a disability, or who became disabled after birth was the result of a curse, bad blood, an incestuous relationship, a sin committed in a previous incarnation or a sin committed by the child's parents or other family members. Children born with disabilities were immediately killed at birth because it was believed that the children were evil or would bring misfortune to the family or to the community. Such misconceptions increased the risk of becoming survivors of abuse. In a similar vein, Botha, Koen, Niehaus (2006) reported that 67% of respondents believed that witchcraft or possessions by evil spirits played a role in the development of schizophrenia.

Swartz, Watermeyer, Lorenzo, Schneider, Priestley (2006) have documented that in the 1990s, disability was understood to be entirely a problem of the individual, with the focus

of intervention thus being solely on specific individuals. It was associated with the medical model of disability. With the rise of the disability rights movements, the perspective changed and the problem is now understood to be situated in the environment, with intervention being environmental rather than individual. The American Disability Act (2004) narrated stories of an applicant who was denied employment because the interviewer believed she had intellectual disability, and the condition would make her unable to communicate effectively with clients. Another example was of a parent of a child with intellectual disability who applied for a position to be an attorney at a law firm, only for the parent to mention during a discussion with her interviewers that she had a child with an intellectual disability. That parent was denied employment because the employer believed that the child's disability would cause her to be absent from work and so affect her productivity.

2.10 Care and support for sexually abused individuals with intellectual disability

Generally, children, irrespective of their ability, tend to be not reluctant to inform others about being sexually abused. Reasons for this reluctance may include: fear that their abuser may hurt them or their families; fear that they will not be believed or will be blamed and get in trouble; worry that their parents will be upset or angry; fear that disclosing will disrupt the family especially if the perpetrator is a family member or a friend; and/or fear that if they tell, they will be taken away or be separated from their family (Crosson-Tower, 2003). Kaufman (2008) documented that fear, anxiety, disbelief and feeling that his or her trust has been violated may lead to self-blame, a less positive self-concept, anxiety, alcohol abuse and a greater number of abortions, pregnancies and STDs, including HIV/AIDS. On the other hand, Szasz (2002) indicated that some children

often create a story to protect the abusive adults, as they fear reprisal and abandonment or withdrawal of love or food.

Ehat's (2010) documentation of sexual abuse of children by clergy, a priest, a nun, a teacher and a minister, found that most survivors never speak about the abuse, even after many years have passed. The shame that really belongs to the perpetrator is carried by the victim and this leaves him or her with a feeling of guilt, self-hatred and perhaps most devastating of all, a loss of their sense of safety in the world. It is as if the foundation of security has been swept away in an instant and the person is locked in isolation.

2.10.1 Response of parents and family

The National Child Traumatic Stress Network (2009) documented that when parents hear that their child has been sexually abused their feeling may range from rage, shock, denial, confusion, sadness, disbelief, frustration and often self-blame. Similarly, Kaufman (2008) has written that parents do not wish to bond with their children with intellectual disability, making it difficult for them to disclose matters of sexual abuse. Common to many of the above cases are difficulties in communication between the victim and the parents. Faller (2009) has stated that mothers may not believe their daughters, especially when the perpetrator is a father and is blaming the child in one way or another. Phasha, (2009) documented that some families may try to cope with the sexual abuse by adopting certain patterns of behaviour, for instance drawing a veil of secrecy over it and so keeping the family members from progressive differentiation. Here the fear of abandonment and family disintegration is so strong that the family is actively seeking alternative ways of bonding.

2.10.2 Community response

Generally, Phasha (2009) noted that townships and rural areas in South Africa still lag behind in provision of services such as child protection units, healthcare facilities, welfare institutions, shelter homes and places of safety. Phasha (2009) further commented that where services are available, basic needs are limited and human resources are insufficient and under-qualified. Care and support for sexually abused people with intellectual disability is often problematic, and the more severe the disability the greater the difficult in accessing services (Reynold, 2010).

That standard service development for people with intellectual disability has not been at the forefront of health and social care thinking is confirmed by Thordarson (2011), who stated that when disabled people turn up for HIV/AIDS testing they may be told that they could not possibly have HIV because they are disabled, while those who are tested and found positive are put at the foot of a priority list for access to healthcare or social support. Davis (2005) has highlighted the difficulty in locating a qualified therapist who is trained in child/adult sexual abuse, sexual assault treatment and intellectual disability. Access to mental health services for people with intellectually disability is an added challenge due to the lack of confidence expressed by staff, who believes that they do not have the right skills or are not adequately equipped or trained to deal with the needs of people with intellectual disability.

Confirming the above, Janssen (2005) states that when sexual abuse is reported to the relevant providers in the community the sexual assault centre might respond by saying that they do have expertise to provide counselling to individuals with intellectual disability. Conversely, an agency which is able to help may find the police officer, because of perceived communication difficulties, has failed to question a potential witness

because of the intellectual disability. O'Callaghan and Murphy (2007) write that even at the court it is difficult to prove that the perpetrator is guilty of sexual abuse with a person who has intellectual disability. There are few successful prosecutions, partly because the alleged perpetrator could say in his defence that he did not know the victim had intellectual disability.

Contrary to the above, a study conducted in America by Kaufman (2008) has documented that before any examination the healthcare professionals must address the sexually abused individual immediately about health concerns. This was to determine the possibility of having contracted STDs or become pregnant, or worries about acute and permanent physical injury. There should also be referral for examination and treatment to relevant departments, for example, a sexual assault treatment centre where there are personnel experienced in dealing with adolescent assault survivors. A physician or a nurse performs forensic examination with sexual assault care training to ensure an unbroken chain of evidence and accurate documentation of findings. Clinical records from both the referring physician and assault centre are to be subpoenaed if there is a prosecution. Pregnancy prevention and emergency contraception are addressed with every adolescent female rape and sexual assault victim. Follow-up care includes a visit within one week of presentation to assess injury healing and to ensure that counselling has been arranged.

2.10.3 School response

Davies (2011) claims that school personnel have a responsibility to acknowledge that sexual abuse happens, since by law the school has to report suspected cases, and staff should be prepared to assist a child who has allegedly been molested. The KwaZulu-Natal Department of Education (2010) states that educators are compelled to notify the Department of Social Development of suspected and confirmed cases. The provincial

education departments are responsible for implementing strategies to encourage notification of alleged cases as well as for providing the necessary support for both educator and learner. A prescribed form must be completed for each suspected or confirmed case of child abuse. The role of the educator is one of reporting the abuse to relevant departments and supporting the child, but not investigating the case, which is the role of the police. Some young people with intellectual disability do not attend school, which makes it difficult to reach them, while some families or parents have a negative attitude towards discussing sexuality-related topics (Aunos and Feldman, 2002; Janssen, 2005). Research conducted by Bazzo, Nota, Soresi, Ferrari and Minnes (2006) indicates that individuals with disabilities often have partial, imprecise and contradictory sexual knowledge, believing, for instance, that sexual intercourse is aimed at wounding women, that women can give birth without being pregnant, that masturbation causes lesions and that men menstruate.

2.10.4 Psychological support

According to the NGO, Child Welfare Information Gateway (2007), therapeutic treatment involves individual sessions with the sexually abused children who then attend several joint child-parent sessions. There are different forms of therapy, for instance, *cognitive therapy*, which aims to change behaviour by addressing a person's thoughts or perceptions, particularly those thinking patterns that create distorted views, and *behaviour therapy,* which focuses on modifying habitual responses, for example, anger and fear, to identified situations or stimuli. *Family therapy* examines pattern of interactions among family members to identify and alleviate problem. Counselling can be given individually or with a group of children who have been sexually abused. This is done so that others with similar experiences will receive group support.

Razza and Tomasula (2005) indicate that *group therapy* is designed to help individuals with similar problem or intellectual abilities. Seeing one behavioural pattern in the lives of others is a benefit unique to group therapy. Cases are carried through from start of finish, with comment intervention. Disclosure is horizontal and superficial and speakers are given positive feedback. Disclosure becomes vertical when members clarify issues they wish to share that day. This is where children are assured and told that the abuse was not their fault and they did nothing wrong (The National Child Traumatic Stress Network, 2009). Young children communicate through play, so play therapy is undertaken, e.g., with the use of dolls, painting, storybooks and drama. The therapist and the parents comprise the collaborative partnership to develop the treatment plan for changing behaviour in the children (Wolfe and Campbell, 2011).

Kroese and Thomas (2006) state that treating nightmares of sexual assault survivors with an intellectually disability may require imagery rehearsal therapy, an intervention that has resulted in significant reductions in distress caused by nightmares and provided evidence of positive results generalized into improving the lives of survivors. Common to all therapies, the goal with individual survivors who have been sexually abused is to enable them to express their feeling about their experiences, both positive and negative, and to facilitate communication. The age of the child is also taken into consideration when providing therapy.

2.10.5 Legal system

Many countries flag the protection of children from maltreatment and also enshrine the rights of intellectual disability to the same treatment as their non-disabled counterparts. For example, the American Association on Intellectual and Developmental Disabilities (2010) upholds sexual rights and protection from sexual exploitation among children,

youth and adults with intellectually disability. It states that the fair implementation of the law is the responsibility of educators, lawyers, judges, prosecutors and victim assistance personnel, and that these professionals must be educated about disability so that they can assure justice for defendants and survivors. The World Health Organization (WHO, 2010) emphasizes better health, better lives for children and young people with intellectually disabilities and their families, so that they are protected from harm and abuse.

UNICEF (2011) documented that the United Nations Convention on the Rights of the Child explicitly upholds the rights of all children to be protected from all forms of harm and abuse, and for states to ensure that there are systems for prevention, identifying, reporting, referral, investigation, treatment and follow-up on all cases of abuse. The Ministry of Gender Equality and Child Welfare Government of the Republic of Namibia (2009) highlights that Section 111 of the Children Act mandates the establishment, keeping and maintenance of a register called the 'National Child Protection Register', which must be kept confidential, and assessed and disclosed only in terms of the Act. The Criminal Law, Sexual offences and related matters, Amendment Act provide for the establishment and maintenance of a National Register for sex offenders. The Act places prohibition on certain types of employment relating to a child or children or access to a child or children by any persons who have been convicted of a sexual offence against children.

People with intellectual disability still encounter problems when it comes to the legal handling of sexual crimes committed against them. A study by Frantz, Beverly, Allison, Carey and Bryen (2006) in Pennsylvania found from anecdotal accounts and preliminary research that many service agencies were inaccessible and did not provide appropriate support and services for people with disabilities. According to Tataryn (2009), when

sexual abuse is reported the law enforcement officers and others in positions of authority tend to take it lightly. A study conducted in New South Wales, Australia, revealed that when such a crime is attempted a person with intellectual disability they face barriers when making statements to the police because they are not be viewed as credible (Keilty and Connelly, 2001). Cederburg, Ann-Christin, Micheal and Lamb (2006) indicated that expert reports were seldom available or adequate because many were poorly written or prepared by experts who lacked the necessary skills. Courts were left to rely on their own assumptions and knowledge when evaluating children's capabilities and credibility. Children with learning difficulties or other handicaps were expected to provide the same sort of report as other children without disability.

One positive development has been reported in Dickman and Roux's (2005) study conducted in South Africa. Having examined 94 records of sexual abuse cases, the researchers found that complainants with disabilities were prepared for court, with psychologists advising investigation officers and prosecutors and providing expert testimony. Furthermore, the study indicated that in all cases of alleged sexual abuse reported to Cape Mental Health, an NGO, psycho-legal service and social work service were made available to help the families to prevent further abuse and to assist the client over the trauma. The client (person with learning disability) and the family were given support before and during the court case, including preparation for court. In addition, psychological evaluation was conducted and a psychologist made available to act as expert witness in the court case. Psychological evaluation was provided, in which the psychologist assessed the level of intellectual functioning using the South African Scale, Individual Scale for General Scholastic Aptitude and Vineland Adaptive Behaviour Scales. The level of understanding of sexuality and ability to consent to sexual activity, as well as competence as a witness were also assessed. South Africa has a special Sexual

Offences Court, opened in 1993, for complainants younger than 18 years to give evidence in a private room and with a trained intermediary who relayed the questions to the complainants.

2.11   Conclusion

In this chapter I have reviewed literature related to sexual abuse of children in general as well as of people with intellectual disability internationally and in South Africa. The literature clearly indicated that cases of sexual abuse of intellectually disabled persons are not fully or properly investigated. This is due to a lack of understanding from the service providers in the community, for example, teachers, staff, doctors, police officers and social workers. The service providers excuse themselves by saying that they do not have time to interview persons with mental handicaps. As Aunos and Feldman (2002) have stated, much more work is needed to inform and educate child protection workers, psychologists, judges and lawyers about people with intellectual disability.

I have thus embarked on research into perspectives about sexual abuse among people with intellectual disability, in particular the myths and misconceptions about the phenomenon, factors that put them at risk and care and support offered to them. The next chapter will cover the research methodology with research design, sampling, participants, data collecting strategies, interviews, challenges faced in data collection as well as data analysis methods.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1   Introduction

This chapter provides a detailed account of the research methods followed to investigate the question posed in this study. Methods and processes followed in data gathering and analysis are explained, as are the philosophical assumptions guiding my choice of methods, namely:

(a)   Meanings are invented by individuals through their interaction with their fellow human beings

(b)   Meanings are rooted in cultural, social, political, economical factors

(c)   Meanings are not static, but forever changing (Denzin, 2004; Roberts, 2006).

Succinctly, I assume members of the society or community may possess different meanings about the phenomenon, and these are susceptible to change as circumstances prescribe or new information is gained (Wilkinson, 2010). In this way, the end product of this study should be seen as an attempt to go beyond providing facts about the phenomenon, to detail factors that contribute to the understanding and, explanation of how factors interact with each other to influence understandings.

3.2 Sensitivity of the research topic

Li (2008) on the qualitative research in Canada indicated that sensitive research refers to the study of secretive, stigmatized or deviant human activity and behaviour involving vulnerable people. It is where chances for people to share their private life are very slim

because a researcher is perceived to be in the position of public knowledge production. Confirming this, Halasa (2005) states that ethics are moral codes, laid down by professional bodies to ensure that their members or representatives adhere to certain standards of behaviour. Owing to the highly sensitive nature of the research, it was crucial that I adhered rigorously to ethical structures, and before embarking on data collection. I received appropriate ethical clearance from my institution to undertake the research study. I wrote a letter to relevant departments accompanied by a summarized copy of my proposal to request permission to conduct interviews on their respective sites. Since I was a novice in conducting research on sensitive topic in semi-rural area, I attended compulsory training that sensitized me on researching sensitive topics, the ethics that should be adhered to and appropriate response to anything that might crop up during the study.

I attended international conferences organised by Sexual Violence Research Initiative (SVRI) in 2009 and 36th Southern African Society for Educators (SASE) in 2009, where I learnt from other senior researchers about researching on sensitive topics. I also presented my research study in both of these conferences where I received feedback which helped me in my research processes. In 2010 I attended feedback seminar organised at the University of South Africa on the care and support services for sexually abused learners with intellectual disability. I also presented my research findings.

Before I collected data, participants were told about their rights, for example, voluntary participation in the study, their right to withdraw from participation at anytime without penalty, or even to withdraw their data as indicated by Li (2008). Eight participants signed a written consent to participate in the study and allowed their voices to be tape-recorded. Five gave me consent verbally and agreed to be tape-recorded whereas three

participants gave me verbal consent but did not allow me to tape-record their voices. As indicated by Du Toit (2006), participation in the research study may be in written format, verbally and audio-taped or video-taped. I made arrangements with the Clinical Psychologist, nurses, teachers and social workers to ensure safety and minimal risk of harm to all my participants

As indicated by Du Toit (2006), qualitative interviews on sensitive topics may evoke powerful emotional responses from participants, so an appropriate referral resource for professional help should be ready, should referral be necessary. I assured all participants that the information they gave me would remain as confidential as possible, and would not be available to anyone not directly involved in a study. For safety, I assured them anonymity and the use of pseudonyms.

Although this study is focusing on sexual abuse involving teenage learners with intellectual disability, no teenage learner with intellectual disability participated in the study. However, the information that this study will provide will be of benefit to teenage learners with intellectual disability. As indicated by the Research Method Knowledge Base (2006), a good research practice often requires a no-treatment control group, that is people who do not get the treatment or programme that is being studied but who are the beneficiaries of the study, in this case teenage learners with intellectual disability.

Data about sexual abuse and intellectual disability is very sensitive[1] so I have locked away all the tapes and transcripts, thus preventing them from reaching the wrong people. They will be only available to my supervisor and within my institution of this study. As

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[1] Although 'data' is the Latin plural of datum it is generally treated as an uncountable noun and so takes a singular verb (*Concise Oxford English Dictionary*, 2011, Eds. Stevenson & Waite).

indicated by Creswell (2009), once the data are analysed they need to be kept for a reasonable period of time (5-10 years), and then discarded.

3.3 Research paradigm

This study was conducted within an interpretive paradigm because my interest was in people's understandings about sexual abuse and their views about care and support for sexually abused teenage learners with intellectual disability. My aim was to understand from their own voices as the insiders' or natives' perspectives (Babbie and Mouton, 2007). Such perspectives can be captured in an environment which offers participants an opportunity to express themselves freely, in their own time and in their own unique ways. In addition, such a strategy requires the researcher to spend a reasonable amount of time in the field. The researcher is to participate with the researched overtly or covertly in the lives of those studied, watching events, listening to what they say and asking formal or informal questions (Hamersley and Atkinson, 2007). I therefore saw fit to position this study as generic qualitative research, or what Merriam (2002) refers to as 'basic interpretative qualitative research'. Interpretive paradigm is characterized by a belief in a socially constructed, subjectively-based reality, one that is influenced by culture and history (Kenway and Bullen, 2003).

Qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them (Robert Wood Johnson Foundation (2008). They collect data from people about people, and anticipate the possibility of harmful, intimate information being disclosed during the data. Though it is difficult to anticipate and try to plan for impact of this information during and after an interview, referral of the participants to psychologist or social services was crucial. Pseudonyms of participants and their place were used (Robert Wood Johnson Foundation,

2008). As a researcher, one is recording what people are actually saying in pure description of people activities or interaction, which includes direct connotation from what they speak or what they write down.

Qualitative research is descriptive and exploratory in the sense that it tries to understand the way things are, and to explain phenomena and predict behaviour. The aim of this study was to explore participants` understandings of sexual abuse involving teenage learners with intellectual disability. The findings will lead to suggested best approach for caring and supporting this group of teenagers' learners with a history of sexual abuse in a rural area of KZN.

3.3.1 Research design

The research design is a plan according to which I obtain research participants and collect information from them. It describes what the researcher is going to do with the participants, with a view to reaching conclusion about the research problem. It also specifies the number of groups that should be used and how they are to be drawn, using purposive and theoretical sampling.

The design for this study is generic. Generic qualitative research emphasizes the importance of looking at variables in their natural settings and their interactions. Detailed data were gathered through open-ended questions that provide direct quotations, with the interviewer as an integral part of the investigation. The approach aims to make sense of the phenomenon in terms of the meanings people bring to it (Welman, Kruger and Mitchell, 2005). The approach enabled me to build a holistic understanding and interpretation of the understandings of sexual abuse of teenage learners with intellectual disability.

3.3.2 Research preparation and Pilot study

Before the actual research took place, I wrote an application letter to the Department of Education (KwaZulu-Natal), for permission to conduct interviews with the teachers at the two special schools. The Department of Health, Crisis Centre, local pastor, parent and traditional healer were also contacted, and granted me permission to conduct interviews. To guard against further marginalising or disempowering of the study participants, I prepared my participants to establish trust and respect. I clarified important ethical principles and informed them that their participation was voluntary and that they had the right to withdraw from the study at any stage. I promised them that all information given would be treated as confidentially as possible. They gave me their informed consent to be tape-recorded, though others opted not to be recorded, preferring to give their information on paper.

I made a link with the local counsellor; pastor and clinical psychologist in case there were participants who needed assistance emotionally and spiritually. I explained to my participants that there were no payments for participating in this study. To protect them from any harm only fictitious names were used throughout. This was to protect them from any physical, emotional, spiritual or social harm. I gave them list of professional support agencies where they could receive help, even if I was not with them.

I visited the officials who were the potential participants at their place of work for debriefing, to clear up any misconceptions about the study. I first asked the officials concerned to allow me to make an oral presentation of my study at the research sites. I used this opportunity to clarify that this was a study for my master's degree at the University, with the aims and objectives of my research study presented to them. I explained that I was not searching for any incriminating information, nor was I in any way

connected to a law enforcement body. I explained the benefits of this study to the community at large, especially to the vulnerable teenage learners with intellectual disability. The audience showed great enthusiasm at this stage, and I knew that I had won their support. I promised to share the findings of my study with them in the form of workshops or in community meetings.

Participation was open to people whose profession and community responsibility brought them closer to teenage learners with intellectual disabilities. The reason was that such a group of people were concerned about the wellbeing and academic success of these learners. They were also likely to be informed about problems that affected them. As adult community members who were concerned about the well-being of children, they were also able to share understandings which prevailed in the community on the topic. Initially I wished to include focus group interviews in the data collection, but owing to the participants living far from each other it was too difficult to organize them into groups. After school, they would use different cars and were in a hurry to reach home early or to visit the bank. For similar reasons I could not find the appropriate time to interview focus groups. No learner or person with intellectual disability participated in this study.

3.3.3 Research location

I conducted the research at the two special schools for learners with mild to profound intellectual disability. These special schools are located in Amakhekhe district (fictitious name) in KwaZulu-Natal province of South Africa. Amakhekhe district is mixed with rural, semi-rural and urban areas. One school is the semi-rural whereas the other on is in a rural area. One is of modern construction with face bricks and corrugated iron. There were security guards at the gate and one of them escorted me to the office. The atmosphere was warm and conducive to learning. The other special school was very old, and the building

had been donated by the NGO with some two containers to serve as classrooms. When I enter the gate, a security guard was sitting under a tree, and he directed me with his hand to the office. The school principal told me that the Department of Education was going to build them a new school in another place. After obtaining the permission and consent of the participants, I made appointments with them for the actual interviews. Most of the interviews were conducted inside the school premises.

Five participants agreed to be interviewed in their classrooms whereas the other three opted to be interviewed at their place. To avoid disturbance and minimise disruption of the physical setting I made appointments with every participant. They gave me their available time because the study was not to interfere with the school activities or curriculum. All the five teachers who agreed to be interviewed inside the school were travelling about 20 for 30 kilometres to and from school.

The interview with a Clinical Psychologist was conducted in a hospital during her lunchtime. The hospital caters for intellectually disabled people and local people called it 'isibhedlela sezinhlanya' which means "hospital for mad people". It was the Clinical Psychologist who suggested the lunchtime. Her office was welcoming since it was her consultation room for patients. There were many files on the table, which I asked permission to put them aside on the floor so that we could have a face-to-face conversation. She agreed. The Crisis Centre is located in town and is sponsored by the NGO`s. Permission for access was sought through an intercom. There were children playing on swings, a merry-go-round and bicycles. The room was painted in bright colours with amusing pictures. There was a very neat vegetable garden with spinach, carrots, potatoes, tomatoes and beetroots. The house inside was neat with the caregivers

holding three abandoned infants. The Social Worker and the Crisis Centre agreed to be interviewed in their offices.

The interview with the traditional local church pastor was conducted at the church as requested by him. The church had been built five years previously with blocks that were starting to crack, allowing one to see outside. It had many crosses and a picture showing the crucifixion. Inside the church was very neat with a welcoming atmosphere. It was unlike the place of the traditional healer which was so small and overcrowded with many herbs, dead snakes, dead monkeys and, above all, a strong stench. The parent of the girl-child with intellectual disability lived about six kilometres away from the school in a shack. The interview was conducted in her place which was neat and clean. The wall of the shack was covered with papers to supplement paint or wallpaper. There was only one chair inside so I opted to sit on the five-litre tin while she sat on the chair.

3.3.4 Sampling

I worked out the sampling strategy and made changes as the study progressed, as advised by Hamersley and Atkinson (2007). I followed purposive sampling, which Cohen, Manion and Morrison (2007) regard as being geared to specific research requirements. Unlike random sampling, in which members of the population are selected without specific criteria, I accessed people with in-depth knowledge about the topic. I incorporated theoretical sampling as the study progressed so as to elaborate and refine identified categories. I chose my participants by virtue of their profession, power, expertise and experience in handling relevant cases. Cohen, Manion and Morrison (2007) caution that although such a sample may not be the representative of the whole population. The comments made by participants cannot be generalized to the whole population; the fact that they possess in-depth knowledge is the primary concern in such sampling. There were

only two schools in the district that catered for learners with intellectual disability. These learners ranged from mild to profound, therefore it made sense to approach these when drawing up my samples. The choice of sampling is governed by the size of the total population from which the sample is being drawn (Welman, Kruger, Mitchell, 2005). My sample size was affected by the size of the population from whom I intended to get information.

I also used theoretical sampling to obtain research participants, a strategy that opens participation only to individuals who could contribute towards collection of sound data. These were elaborated upon and refined to emerging categories into theory (Charmaz, 2006). The process involved collecting initial information from a few people and then using the themes that emerged to identify the next participants. I followed this process throughout the data collection sessions.

I did not anticipate a large sample because, as mentioned above, only two schools were used to collect data. Cohen, Manion and Morrison (2007) indicate that the number of participants in the organization or the number of people to whom one can access may change, and the doors have to be left open for gathering further data. It was impossible for me to determine in advance how much or what range of data would be required.

I gathered increasing amounts of data until it was 'saturated', meaning no additional data could be found. Cohen, Manion and Morrison (2007) write that theoretical sampling is a process of data collection for generating theory. The researcher analyses collected data deciding what to collect next and where to find relevant people in order to develop theory as it emerges. In my research there were people I had not initially included, but were subsequently included based on information from participants.

3.3.5 Description of participants

Participants were selected from two special schools, as well as from Social Welfare Organizations, a Trauma-Counselling Unit and a Victim Empowerment Unit in 'Amakhekhe' district (pseudonyms). Involving participants from different organizations permitted collection of a wide range of data, which in turn illuminated patterns concepts, categories, properties and dimensions of the given phenomenon. I envisaged a sample consisting of social workers, psychologists, educators, caregivers and counsellors, because their professions bring them into contact with teenage learners with intellectual disability.

i. Eight black teachers from two special schools ('Special School A' and 'Special School B'), which cater for learners with intellectual disability in the Amakhekhe district were selected. Their ages ranged from 36-56 years. Three female teachers and one male from each school were interviewed, a gender ratio of three-to-one that reflected that of the schools. There were six teachers (four females and two males) who were teaching Life Orientation, and the other two teachers (females) were serving as school nurses in each school.

ii. I was able to interview only one female Clinical Psychologist (aged 38) in 'Deda Hospital', because the other one was on maternity leave.

iii. Two additional interviewees were from a Crisis Centre where sexually abused survivors received counselling and empowerment, that is, a 36 year-old black female Coordinator and a 41 year-old white female Social Worker.

The reason for choosing the above participants in my study was that educators in a special school spend much time with teenage learners with intellectual disability. They also get information on these cases in their schools. In addition, they can identify change of

behaviour and problems associated with sexual abuse, and have experience in dealing with teenagers with intellectual disability. The clinical psychologist in the hospital was chosen for her professional association with people with intellectual disability. Such individuals were referred to her for psychological testing and psychological fitness assessment, as well as potentially serving as witnesses in court cases. The social worker at the Crisis Centre was selected because survivors of sexual abuse and rape were referred to her for counselling and safety. The coordinator at the Crisis Centre was chosen because she offered empowerment to all survivors of sexual abuse and rape.

As indicated above, under theoretical sampling, data from the initial participants led me to select further ones:

i.   A 43-year-old black female parent of a sexually abused child with intellectual disability.

ii.   A 58-year-old black male former SGB member of one special school who once worked as a caregiver

iii.   A 44-year-old black male pastor of a certain church that believes in praying for the sick as well as praying for people believed to be 'demonically possessed'

iv.   A 53-year-old black male registered traditional healer who people consult when they have family problems.

3.4 Data collection

Interviews seek to elicit information about attitudes and opinions, perspectives and meaning. Interviews are as flexible, iterative and continuous, rather than prepared in

advance and cast in stone. They are widely used as a powerful means of obtaining information and gaining insight from people. Any person-to-person interaction between two or more individuals with a specific purpose in mind constitutes an interview (Hannan, 2007). Interviewing can vary in its flexibility, from the structured interview, in which a series of prescribed questions are asked in strict order, to an unstructured interview in which the interviewer has the freedom to formulate questions as they come to mind around the issue being investigated. I used a semi-structured interview, which combined pre-set questions with impromptu questions in response to issues that required further in-depth probing (Welman, Kruger and Mitchell, 2005). It was also easy for me to explain the questions when not understood.

I relied solely on in-depth interviews for data collection, due to the sensitivity of this research topic. Interviews took place with each participant in a face-to-face manner at their dwelling or workplace, to minimize any physical threat. Interviews lasted for 40 minutes to an hour with each participant and were conducted after the contact session (after school or working hours). That gave participants an opportunity to share their views in a private space and provided a platform for openness and rapport building. The establishment of trust and familiarity was accompanied by genuine interest that assured confidentiality (Silverton, 2002). The strategy offered participants a chance to question their underlying assumptions about particular issues, and provoked their internal self-questioning and review (Hughes and McNaughtman, 2001).

I used unstructured interviews to explore a general area of interest in depth. The interviewees were given the opportunity to talk freely about the events, behaviour and beliefs in relation to the topic. Because the area being researched in qualitative studies is

so unfamiliar, it is difficult to compile a schedule for interviews in such instances (Welman, Kruger and Mitchell, 2005).

Following the School of Psychology's (2010) recommendation that debriefing be planned as part of the integral research process. I planned for such a session with each participant before and after the interview session. The aim of debriefing is to avoid any form of deception and for early identification of any negative feelings. Interviews were conducted in IsiZulu and English, as I encouraged all participants to express their views in the language with which they were comfortable. IsiZulu is the most commonly spoken language in KZN, therefore some opted for it. I translated IsiZulu to English when transcribing.

The following questions were set to guide the interview:

i. Would you like to share your understandings of sexual abuse involving teenage learners with intellectual disability?

ii. What are prevailing community understandings about sexual abuse involving teenage learners with intellectual disability?

iii. What best approaches can be put in place for caring and supporting sexually abused teenage learners with intellectual disability?

Due to the unfamiliarity of the area being entered, it is usually difficult to compile a schedule for interviews in such instances. I also used a semi-structured interview with my interview guides being lists of topics (notes, not specific questions). The order of questions varied, depending on the way in which the interview developed. Additional questions were required to explore the research question, and objectives given the nature of events within particular organizations. Although all the participants were asked the

same questions, the interviewer adapted the formulation, including the terminology, to fit the background and educational level of the participants (Welman, Kruger and Mitchell, 2005).

I used a tape-recorder to obtain an accurate record of what was said without having to remember or note down specific responses. I listened to the tape recorder for several times and carefully transcribed word by word of what the participants were saying (verbatim).

3.5 Challenges faced during data-collection

Challenges faced when conducting the interviews included extraneous noise, for example knocking on the door and telephones ringing, which resulted in poor quality of the audiotapes and a lapse in attention of the interviewees. Even though I requested the participants to switch off or to silence their mobile telephones, they were distracted by incoming phones. Three participants were not reluctant to have their voices tape-recorded, namely the social worker, traditional healer and one teacher. Since they did not give me permission to tape-record them, I was flexible enough to devise other methods of collecting data with which they would be comfortable. I made brief, unobtrusive contemporaneous notes while they were answering questions. To ensure that these notes were factually correct, they were written up clearly immediately following the interview, along with a set of guiding questions, with follow-up questions such as, "Why did you say that?"

The Department of Education (DoE) took a long time to reply to my request for conducting interviews in Amakhekhe district, which delayed me in going to the school and giving my presentation. The district manager had to refer my request to the Provincial Head of Department (HOD). I made an application in mid-August but only received a reply at the end of November, a delay which concerned me since my supervisor expected

regular feedback on my progress. At first I was intending to interview police officers at the Child Protection Unit, but they told me that at that time they were dealing with delicate cases which involve sexual abuse. They even suggested that the topic is too sensitive; maybe I could change it for people to be able to talk. They were advising me to change it since this one was so delicate and I would not get information from anyone about it. I returned home discouraged, and gave feedback to my supervisor who encouraged me to target other participants whom I felt would be more forthcoming and less discouraging.

3.6 Data analyzing method

Analysis began as soon as each transcript of the interview was complete. Tapes were listened to in order to identify tentative themes and sub-themes, which were later refined as soon as all tapes were transcribed verbatim. After I have compiled and processed all the information, the challenge was to reduce the huge amount of data to manageable and understandable text. Data were analyzed sentence-by-sentence and then coded. I first drew up a table in which I identified the themes first and placed codes next to the quotations, thus conceptualizing the data. The analytic techniques used were constant comparative analysis, which began as soon as the first data were collected. I coded freely as many categories as possible that were relevant to my study. As I discovered an emerging pattern I selected a code, which I organized and integrated substantively into meaningful relationships. I then compared participants' ideas to find the essential relationship, (Charmaz, 2006). Mejhed, Boussaa, Mejhed (2009) argue that the aim of data analysis is to tease out what one considers to be essential meaning in the raw data, then to reduce, recognize and combine it so as to enable the researcher to share his or her findings in the most economical and interesting fashion.

Qualitative research is not free from researcher's bias (Johnson and Onwuegbuzie, 2004), for instance, *confirmation bias.* The researcher interprets information in a way that confirms his or her preconceptions. In *belief bias,* the researcher`s evaluation of the logical strength in an argument is biased by the believability if the conclusion, as the researcher is constantly interacting with the participants. Questions may be influenced by one's paradigm, so I minimized the influence of my bias by asking an independent analyst to read some transcripts and then compare the findings.

3.6.1 Enhancing trustworthiness

I have acknowledged the universal rights of privacy and the public right to know by giving my participants the consent form to read and sign. They agreed with all the procedures of the research study, for example, voluntary participation, and withdrawal from the study at anytime. I explained the intention of the study, not hiding anything from them. I created a rapport so that they could trust me and feel free to talk. I even showed them my identity number as well as my student card to reveal myself to them.

Trustworthiness of the data was often achieved through 'triangulation', a term denoting the use of several methods to cross check the accuracy of the data. Owing to the very covert nature of the topic I was not able to use observation as a secondary method, but rather relied upon Babbie and Mouton`s (2007) advice on the criteria for trustworthiness, that is remaining in the field until data were saturated. I showed the transcribed interviews, as well as analysis, to the participants for them to check the accuracy.

3.6.1 Credibility

According to Guba and Lincoln (1988) credibility is defined as the degree of confidence in the truth that the findings of a particular inquiry have for the subject and the context with which the inquiry is carried out. It is achieved through prolonged engagement with research participants, triangulation, and peer debriefing and member checks. To measure the extent of this study credibility, I have listened to the tape recorder for several times. I have returned to the participants and read for them their responses and to find whether they do have the same interpretation of the research findings as me. I was checking for accuracy so that my research findings could be reliable. As according to Inside African Education (2011) credibility in qualitative research means that the results of a study are believable and trustworthy from the participants` perspectives or subject in the research itself. The participants who form the subject of the study are best situated to judge the credibility of the findings.

3.6.2 Transferability and dependability

According to Guba and Lincoln (1988), transferability is defined as the extent to which the findings can be applied in other contexts or with other respondents. It allows the knowledge gained to be applied to other environment. This study was conducted in a semi-rural area of KwaZulu-Natal; disability in Zulu tradition is regarded as a curse, shame and worse if the person is intellectually disabled. There is social exclusion and maltreatment due to the attitude people have about people with intellectual disability. The reader is allowed to make sufficient contextual judgements to transfer the outcomes, themes and understandings emerging from this study to alternative settings. *Inside African Education* (2011) refers to transferability as the extent to which findings can be generalised to other settings or context. The research results of this study can be applied to

another given context, though they have to be based upon the 'fittingness' of the findings to the new context. I have provided detailed description of the data in context and report them with sufficient details and precision to allow judgement about transferability.

According to Guba and Lincoln (1988), dependability is defined as the extent to which if the inquiry were replicated with the same or similar respondents in the same context, its findings would be repeated. There are many contributory factors that can affect research results. Research findings depend on the settings of the study. If the same people who gave me the findings could be asked by me again, or another person using the same method, it would depend on whether they were going to yield the same results or not. The results that I got from participants in the rural area may not be the same as that of urban areas or other population group (Coloured, Indian or Whites). According to *Inside Africa Education* (2011), dependability relates to researcher`s response to changes in the setting of the study and how these changes affect the research.

3.6.3 Confirmability

According to Guba and Lincoln (1988), confirmability is vital in terms of limiting researcher`s bais, not only accepting subjectivity, but using it as a research tool. The research findings accepted by the subjective knowledge of the researcher can be traced back to the raw data of the research. Anyone conducting research in this area of sexual abuse and disability can substantiate from the results of this study. The reason is that the level of sexual abuse of children in general population is alarming and even worse with the case of those with intellectual disability. This is evidenced by research journal articles about sexual abuse and disability, media reports, the South African Police Services (SAPS) documents and even people gossiping about sexual abuse and the myths around them. As stated by *Inside Africa Education* (2011), confirmability refers to whether other

scholars could corroborate the researcher`s findings. The research findings drawn from this study can be confirmed by other researchers doing research on the same field but in other part of the country.

3.7 Conclusion

This chapter has outlined the research methodology and methods employed in the study. This is a qualitative study with in-depth interviews conducted to consider the sensitivity of the study. The detailed ethical consideration was explained. The research design as a plan on how the research was conducted was explained. Before the actual research took place, I conducted a research preparation piloting study whereby I obtained the permission and visited all research location. I used purposive as well as theoretical sampling to contact my participants, who are described according to their age and their role in the lives of teenage learners with intellectual disability. Data collection strategies as well as the challenges that I encountered in the field when I was collecting data were outlined, as were methods of data analysis and measures taken to ensure trustworthiness and reliability in data analysis. In the next chapter I present the research findings arrived at using the methods described.

CHAPTER FOUR

RESEARCH FINDINGS

4.1 Introduction

This chapter presents the findings of the data transcribed tape-recorded interviews on perceptions about sexual abuse involving teenage learners with intellectual disability in a semi rural setting in KwaZulu-Natal in order to suggest community-based approaches for caring and supporting. As approval to collect data from teenage learners with intellectually disability was not approved by participating schools, data presented in this chapter was obtained from adults whose profession and community responsibility permitted them to be in closer contact with learners with intellectual disability. These included teachers, social worker, clinical psychologist, Crisis Centre coordinator, parent, church person, community member and a traditional healer.

Data analysis revealed that teenagers with intellectual disabilities are understood as having spirits which make them highly sexual and sexually attractive to men. It was also revealed that the spirits have unusual power, and if extracted sexually (by being sexually intimate) they could bring fortune and wealth and the person could become powerful and feared in the community. There was a prevalent conception that sexually abusing teenagers with intellectual disability could cure sexually transmitted diseases or infections, especially HIV/AIDs. In some instances, sexual abuse of teenagers with intellectual disability was seen as an act of pity as such a population were incapable of finding sexual partners. There was also a conception that they were not actually real human beings who felt pain or were affected by sexual abuse. These misconceptions

occurred in a context in which intellectual disability is regarded as a curse, an act of witchcraft or punishment from God or ancestors, and those with it are believed to be demonically possessed. Factors which reinforced misconceptions included individual factors such as: (a) lack of communication skills; (b) poor memory; (c) being too trusting; and (e) inaccessibility to sexual information from the family, community or schools. Family factors included underreporting, while community factors were (a) insensitive legal system; (b) lack of professional expertise; and (c) inadequate resources.

4.2 Existence of sexual abuse among teenage learners with intellectual disability

Participants indicated that sexual abuse among the group in question was a well-known phenomenon in the semi-rural area in which this study was conducted. This was so because of regular media reports that sensitized the community to the problems. A teacher, Mr. Sibanyoni commented that:

> *Every week our local newspaper reports an incident of sexual abuse involving a person with disability. Last week three known cases were reported to the police. Two kids from two schools catering for the mentally handicapped were found raped and the teacher identified the other one. Police are still investigating these cases since there found no clue that will lead to the arrest of the perpetrator.*

A teacher, Mrs. Ngcobo corroborated :

> *In the street corners, in the taxi, buses or in the taxi ranks people are "skinnering"* (gossiping) *about so-and-so child who was sexually abused. Few weeks back our radio station announced sexual abuse of the girl child who was repeatedly sleeping with her biological father and mother is aware of all this but do not take any action. The child was mentally disturbed.*

Despite the acknowledgement that sexual abuse of teenage learners with intellectual disability is occurring, it was interesting to note that people`s perceptions about this matter suggested otherwise. The perceptions and understandings are discussed below.

4.3 Understandings of sexual abuse involving teenage learners with intellectual disability

The understandings of sexual abuse involving teenage learners with intellectual disability are discussed under the following headings (a) high sexual drives; (b) sexual attractiveness; (c) possession of unusual powers; (d) a cure for sexually transmitted diseases; (e) act of pity; and (f) a view that they are not real humans.

4.3.1   High sex drive

Almost all the eight educators who participated in this study believed that teenage learners with intellectual disability were not in fact being sexually abused, but that they had a high sex drive. Even the parent of a girl teenager with intellectual disability confirmed that her child could not control her sex drives. Their sexual activeness was actually different from that of their non-disabled counterparts. Some teachers even indicated that they would use every opportunity they got to become involved in sexual activities, including situations in which they were not monitored by adults. They asserted that leaving them in class without supervision of an adult could be problematic, as reflected by one of the teachers, Mr. Sibisi:

> *As an educator, it is not advisable to leave these learners on their own in the classroom. Suppose you are called to the principal's office or just going to the loo, when you come back the whole classroom would be in a "mess". You will find others kissing, others masturbating and even doing actual sexual intercourse. This shows that they like sex very much.*

This was corroborated by a teacher Ms Luvuno:

> *You will find them involved sexually. What I can say is that they like sex very much. They use a minute they get, so that is why I say I don`t know whether it is a myth or not that they are highly sexually. The other thing that we do is that we accompany them everywhere they go, otherwise bra...bra...* (Making a sign of engagement in sexual intercourse).

A parent of the intellectually disabled child also confirmed that her daughter acted very sexually in the presence of men, saying that she would sometimes do things that would make her feel embarrassed. She said that her daughter made funny noises, grabbed men (relatives and non-relatives) and even touched their private parts in a way that was sexually inviting. Giving an example of an incident that involved a male relative, she explained that, *"the spirits in my daughter love sex very much and she cannot control them"*.

4.3.2   Sexual attractiveness

About six participants (five teachers and a local pastor) mentioned a belief that teenage learners with intellectual disability were sexually attractive. In particular, they alluded to the point that they had spirits in them, which made them sexually attractive to men. Giving an account of his experience of 'casting out the demon', the pastor of the traditional church was captured saying:

> *One day while I was praying for a mentally retarded girl – casting demons, I experienced an unusual feeling that nearly made me lose focus. I was sexually attracted to that girl in a way that I could not understand. I just saw a very pretty person and my hands started shaking. Then I was convinced that the spirits in them make them sexually attractive.*

Sharing the information he heard from one of the local traditional healers, Mr Sibisi, a teacher at one of the schools said:

> *A traditional that I consult with once told me that these children have spirits that make me love them. I believe him so what I can also tell you is that spirits of these people with intellectual disability make men feel attracted to them. This makes it difficult to explain whether these people are being sexually abused or they make men sleep with them.*

4.3.3   Unusual powers

Linked to the belief that teenage learners with intellectual disability have spirits living in them, participants believed that the spirits were so powerful as to make another person rich, feared or respected in the community. People with intellectual disability are perceived to possess especially powerful spirits that would make a person prosper in his/her business. To acquire that power a person has to have sexual intercourse with learners with intellectual disability, meaning that some people who claimed to be traditional healers advised their clients to have sexual intercourse with people with intellectual disability. A teacher, Mr. Sibanyoni, was captured saying:

> *Because of unemployment and poverty, people have embarked on doing wicked things in order that their business will flourish. There is a concept called 'ukuthwala', I do not know how I can put it in English... These spirits can do anything you tell them to do as long as you follow all the instructions.*

The female social worker in the Crisis Centre also confirmed the issue of '*ukuthwala*', stating that in most cases when there is such a case of sexual abuse involving learners with intellectual disability in the court the abusers will admit that they have done it under the instruction of the traditional healers or 'sangomas'. She said:

> *There is a widespread understanding in our community that people with intellectual disability have some sort of power. Moreover, for that people to acquire that power, they should sleep with people with intellectual disability. You know this myth is so widespread and, unfortunately, it is wrong.*

In an attempt to provide a deeper understanding of sexual abuse of teenagers with intellectual disability, the concept of '*ukuthwala'* (wealth-giving process) was further researched by involving the traditional healer who has a deeper knowledge of the concept. The idea was to establish whether sexual abuse of teenage learners with intellectual disability could be traced in that practice. The traditional healer explained:

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Some witchdoctors who claim to be traditional doctors misguide their clients that sleeping with women and children who are mad could make them rich and/or respected in the community. It is a shame that such beliefs exist even here in Amakhekhe area (fictitious name). *The practice of having sexual intercourse with people who are "mad" with the aim of getting rich is interpreted as 'ukuthwala' or 'ukuthwebula kocansi' in IsiZulu. I find it complicated to explain because real traditional healers will never ever encourage such practice. It is such an evil act.*

Giving an account of how this practice was possible, the traditional healer continued:

The witchdoctors would cut their clients using a sharp razor in any part of the body and put some stuff in the cutting and (that is called 'ukugcaba' in IsiZulu) advise them to drink a certain herbs that would make the spirits to get into them during the raping process. You must know that these days behind every successful business or successful man there is good or wicked practice. Please know that I distance myself from that process.

Participants indicated that due to the high rate of unemployment in South Africa, people have opted for a shortcut of becoming rich by engaging in wicked things that put the lives of other people at stake. Clearly, '*ukuthwala* or *ukuthwebula kocansi*' is linked to the sexual abuse of teenage learners with intellectual disability, a group prone to sexual abuse and sexual victimization because of this practice.

4.3.4 Act of pity

It was apparent that in this research location certain individuals believed that people with intellectual disability were incapable of having a stable relationship, or that no one would love to propose love to them. Community members, more so people close to the teenagers, tend to sleep with them in the belief that they pity them. Such instances are not even regarded as sexual abuse, rather as a way to satisfy the victim's sexual desire. The teacher, Ms Diko indicated:

Another thing is that they are people in our community who feel pity on them because they know that no one will propose love to them, so that they may enjoy what the rest of the people are enjoying in the world, they sexually abuse them. The community only knows that everything that happened to these individuals must be kept in secret because in most cases they are hidden.

Another teacher, Mrs. Molefe, supported the statement:

> *You cannot really say that these people with intellectual disability are sexually abused because some families make their own arrangements. For example, they arrange for a relative to have sexual activities with them. Coming to think about it, this is a very common practice. The reason is that ... eh... as you can see, some people may not like to have a relationship with a person with intellectual disability. So to help them, families make their own arrangements to help these people because they can be very sexual.*

4.3.5 Not considered as human beings

From participants' perspectives (two teachers, a parent and a traditional healer), people with intellectual disability are not really human, but are believed not to feel any pain or pleasure, and any sexual abuse will not cause any harm. This was captured from the teacher, Ms Luvuno, when she said:

> *Some members of the community think that individuals with intellectual disability cannot feel the pain or cannot be traumatized by sexual abuse. They are just haunted by spirits. So the spirits cannot feel any pain or pleasure. I remember during the apartheid era when corporal punishment was allowed, you would not hear them cry when you beat them, they would just laugh at you.*

In affirming the notion that people with intellectual disability do not feel any pain, a parent of a child with intellectual disability related her story as follows:

> *I've seen my child for several times hurting herself. She takes any sharp object and hurt her body severely. What I`ve noticed is that she is fascinated by the oozing of the blood. You will see her laughing no matter how hard I try to stop her.*

It is evident that with such a belief people think that teenage learners with intellectual disability do not feel any pain. The traditional healer also affirms that people with intellectual disability are not really human:

> *It is very rare to see them sleeping in their homes. You will find them moving up and down the street without resting. They even sleep in the street without feeling winter cold or stormy weather. You won't see a mad person being admitted for flu or any other related diseases. They are just spirits moving everywhere.*

4.3.6   Cure for disease

A female Social Worker who worked as coordinator at the Crisis Centre cautioned that the myths about sleeping with a virgin were rooted in the minds of many rural people. She even indicated that there were many campaigns to sensitize the community about the myths but nothing much had changed. Since most of the teenagers with intellectual disability were considered as young and virgins their blood is believed to be a cure for STDs. Moreover, they are an easy target, so most people who are infected with HIV abused them sexually. She noted that:

> *Unfortunately they are some people who still believe that if you have sex with a virgin child, they believe that it can heal them from HIV and AIDS and many other things.*

4.4   The context in which beliefs occur

The beliefs about sexual abuse of teenage learners with intellectual disability occurs in a context in which intellectual disability as a condition is riddled with disturbing beliefs, thus suggesting the link between the two. Data analysis revealed four such misconceptions, namely: (a) curse; (b) punishment by ancestors or a divine being; (c) witchcraft; and (d) demonic possession.

4.4.1   Intellectual disability as a curse

Participants believed that intellectually disabled teenage learners were the result of a curse from their ancestors or a divine being. A male teacher said:

> *I grew up knowing that if a person has a mental handicap it means that its ancestors curse that family. Sometimes when the ancestors are angry with a certain person in the family, they will give him or her child with disability. They will bring the child with a mess up spirits.*

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The traditional healer corroborated this statement when he was giving his account of working closely with the 'living dead', confirming that some people who are 'mad', as he called them, were the result of the families not having performed the rituals as required by that family ancestors. He was captured saying:

> *The ancestors will curse any person who does not honour their request or follow the ancestral paths by giving that family a child who is mad. Their spirits will sit on that person and causes madness in her or his head.*

4.4.2 Punishment by ancestors or divine being

Beliefs that intellectually disability is a punishment go together with conflict. Six participants (4 teachers, a school governing body member and a traditional healer) indicated that when a family has an intellectually disabled child it might happen that ancestors or a divine being is punishing them for the sins and mistakes they have committed. Therefore, it means that a child (teenage learner) or a person with intellectual disability is a price for not conforming to set rules or standards of the ancestors or 'God'. Families with people who are disabled in any way are afraid to take their disabled children to social gatherings due to the stigma attached to disability. In most cases people with disabilities are hidden and isolated because the parents or the family of the disabled person will be gossiped about and laughed at for having brought disgrace to the world. The black male traditional healer asserted:

> *If you do not please your ancestors or if they are angry with you, they will punish you by giving you a child who is mad. If there is anything that is not sorted out in a good manner within the families, the ancestors will fight against you and punish you severely. The ancestors will turn their back on you and the child that will be born in that family will be mad. Sometimes if you do not obey your parents, you must know that there are your gods on earth, they will swear on you and for sure, you will bear a child who is crippled or mad.*

It is clear that disability is seen as a result of a punishment for not keeping in touch with one's ancestors or for not submitting to parents. The ancestors are believed to have power

over the living families to bless them or to harm them, and parents or older people's words are believed to be powerful as a blessing or to cause harm. In addition, from a Biblical point of view, the black male pastor of the traditional church maintained that:

> *God punishes the sin. If you disobey the word of God, punishment will fall on you. In addition, you must know that the sins of the forefathers will descend on the children, meaning that the sins committed by your father will fall on you as a punishment if you do not obey God.*

The traditional healer also mentioned that some people who are 'mad', as he regularly labelled them, were the result of conflict within the families. He said that if there was no peace in the families it would affect the children who were going to be born. Conflict, quarrel and constant fighting within the families are not good since they have bad results. He said that he advised his clients to make peace with each other to avoid the results that might culminate in destruction of the whole family. Giving an account of his experience of dealing with the results of constant conflict, fighting and quarrel between the father and the mother, or any other member of the family, the traditional healer indicated:

> *If the mother is pregnant and she is quarrelling now and then with the father of an unborn child or any other member of the family, the child in the womb can sense that conflict and s/he will be disturbed somehow in the head and become mad. I advised my clients to live in peace with their families to avoid such things.*

In this instance of conflict, as the traditional healer only mentioned it, teenage learners with intellectual disability can be the result of conflict, quarrel and constant fighting between the family members.

4.4.3   Witchcraft

The black female parent who was worried about the condition of her girl child with intellectual disability believed that her daughter's intellectual disability was caused by her husband's other wife. The parent strongly believed in witchcraft since she thought that nothing just happens without a reason. She was captured saying:

The other wife has bewitched my child because she was very jealous that my husband loves me more than her.

The traditional healer who told me that most black people consult traditional healers in order to heal them of witchcraft or to protect them from being bewitched also mentioned the belief about witchcraft as a cause of intellectual disability. In most families there are those suspected of witchcraft, the source of which is believed to be jealousy and greed. The traditional healer boldly said:

People consult us day and night to help them to deal with witchcraft. The witches are capable of doing all the bad things. They can make a person to be mad or to be sick of any diseases. Witches are everywhere. You can also have bad luck and bad blood due to witchcraft.

Therefore, it is clear that people believe that teenage learners with intellectual disability can be the result of witchcraft. Witchcraft is common in the area, with people believing that there is nothing that just happens without a motivating force behind it, in this case witchcraft. Even members of the same families suspect each other, but in most cases it is the traditional healers or sangomas who interpret things that have happened to the person and even point to family members or neighbours for causing sickness, bad luck or bad blood, known as '*isinyama*' or '*amashwa*' in isiZulu.

4.4.4   Demonic possession

Intellectually disabled teenage learners are believed to be haunted by spirits, which are evil or satanic. The traditional pastor whose church specializes in healing the sick and delivering the possessed indicated a belief about spirits when giving an account of his experience in dealing with people who attend his church for help:

I can assure you that most people who are intellectually disabled have spirits that attract the abusers. In most of the time the spirits are so stubborn, they do not come out so easily. These people are demon possessed and they need to be delivered and be healed.

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Also, teacher Sibanyoni indicated that:

The spirits in these learners are uncontrollable, unmanageable, and incurable.

A parent corroborated the beliefs about spirits by saying:

My daughter has bad spirits, and what I have noticed about her is that the spirits inside her make her grab and chase after men.

It is believed that teenage learners with intellectual disability have spirits that operate in them and which are very difficult to get rid of, as indicated by the participants. The spirits are said to be evil and satanic and in most cases, people, mostly blacks, visit traditional healers and sangomas in order to get help because they also operate using spirits. Some people send the possessed to churches for deliverance, though as the pastor stated clearly it is not an easy job to deliver someone. Apparently it needs time and faith to drive out the demons to come because they are very stubborn. The evil spirits in teenage learners with intellectual disability are capable of changing their form or image into one's wife, husband, boyfriend or girlfriend. They like sex very much and will act in any way to fulfil their sexual desires.

4.5 Factors contributing to the understandings about sexual abuse against teenagers with intellectual disability

A number of factors contributing to beliefs about sexual abuse of teenage learners with intellectual disability were noted. They were related to individual, family, and community.

4.5.1 Individual-related factors

Factors classified as individually-related include those associated with the biological make-up or characteristics of the child, namely: (i) poor communication skills and short memory; (ii) lack of sexual knowledge; and (iii) poor self-care skills.

i. Poor communication skills and memory

Eight participants asserted that poor communication skills contributed to the beliefs about the sexual abuse of teenage learners with intellectual disability. In particular, participants were of the opinion that that the group in question struggled to communicate what had happened to them; and even if they might succeed in passing on the message, the communication would become incoherent in such a way that it could be interpreted as lacking logic and sense. Teenage learners with intellectual disability may feel helpless to disclose and that would not help them stop the abuse. Coupled with the lack of understanding of what is happening to them, as highlighted by the participants, the abuse would not stop, and people might come to misunderstand it as a love for sex. One female teacher, noted:

> *They cannot tell, remember, or identify the evildoers. They cannot tell whenever they are raped; they cannot tell other people what happened because they some of them cannot talk. They cannot even tell you that so-or-so was doing this thing to me. This leads to some people thinking that people with intellectual disability enjoy sex.*

Another female teacher maintained that:

> *They cannot remember what happened to them. They just go if the abuser calls them or instruct them to sleep to do sex. So what can we say – maybe they enjoy?*

Evidently the difficulty of communicating in a clear language makes it more difficult for them to be understood and express their thoughts and feelings in an effective way.

ii. Lack of sexual knowledge

Lack of knowledge concerning the behaviour associated with sexual abuse on the part of teenage learners with intellectual disability makes them vulnerable to being repeatedly abused, as noted by Ms Diko:

> *Some of the learners do have this problem of being repeatedly sexually abused at home, but they do not know that what is happening to them is sexual abuse. They think it is a sign to show love.*

These teenage learners lack knowledge of what is acceptable and unacceptable touch, which could be explained by limited sexuality education received at home, in the community or at schools. The Life Orientation teacher maintained that:

> *We hardly talk about sex issues with these children. No one at this school has ever addressed sexual abuse in class, so what do you expect? If it happens to them they will not see anything wrong. They will just go with the flow because they do not know that they are being taken advantage of. Hey … poor things.*

Mrs Monana, the teacher at the special school, also acknowledged that sexuality education was rarely addressed in the school:

> *It is really difficult to talk about sexuality issues with these children because the language is just difficult. It does not come out from the mouth with ease … it sounds dirty.*

Lack of sexual knowledge causes teenage learners with intellectual disability to be misunderstood, as if they are inviting sex. They will crave for love and attention by displaying certain forms of behaviour, of which the community disapproves because they are hidden most of the time and unable to socialize with their peers. What is necessary to know is that a person is a social being, but if that does not happen s/he will find means to seek attention. Therefore, in the case of teenage learners with intellectual disability, because they lack sexual knowledge, they will follow their bodily instincts and other people will misinterpret those actions. To them, when sexual abuse has happened they think it is part of a package of showing love and care.

iii. Poor self-care skills

Poor self-care is a problem amongst teenage learners with intellectual disability. Mrs. Molefe mentioned that:

> *In most of the time, you will find these kids are loitering around the streets wearing filthy and torn clothes. If it is a girl, you will find that she is not wearing underwear, so what do you think people say when they see that. They just think they are inviting sex.*

Ms Luvuno:

> *They walk around the street at night and on their own with no shoes or appropriate clothing. Sometimes they are just naked and they sit inappropriately. Those things sent out wrong messages to people out there.*

iv. Too trusting

Being too trusting to everybody cements misconceptions about sexual abuse. People who care for them, whether teachers, parents or caregivers, may be trusted wholeheartedly. They are too naïve to judge or suspect that they can be abused, and cannot make judgments in as far as the advancement of the action made by other people to them. A Crisis Centre Director, who is also a social worker, maintained that:

What I can say is that these people are too trusting to their peers, mothers, fathers and family. When someone is sexually abusing them, they think it is part of life.

A Crisis Centre Coordinator, who is a counsellor, corroborated this statement:

> *They think that if the person feeds you that person loves you, if the person baths you that person loves you. They do not know that when the person sleeps with you and abuses you sexually that is wrong.*

Being rejected by their peers and neglected even by their parents and family members, the female teacher, Mrs. Luvuno, said:

> *They will crave for love and attention to anyone who comes near them, talk with them and bribe them. Because they crave for love, they will display some inappropriate sexual behaviour t lure other people near them. Some people take full advantage of that and sexual abuse them.*

Teenage learners with intellectual disability trust and make friendship with anyone who comes near them, as they believe anything done to them is a norm, even sexual abuse. In

most cases teenage learners with intellectual disability are sexually abused by people they know, for example the intellectual disabled girl who was sexually abused by her uncle.

4.5.2   Family-related factors

i. Under-reporting

In a community in which intellectual disability is understood as a curse or punishment and families have internalized messages that teenagers with intellectual disability love sex, they may find it difficult to take appropriate legal actions when their member with disability has been sexually violated. As noted by the psychologist at the local hospital:

> *Families do not bother opening a case of abuse, if it happens because they just assume that these teenagers have provoked the abusers.*

From the responses it is evident that in many families, sexual abuse is happening but the issue is not being discussed or resolved by the members of the family for fear of humiliating other family members. Families pretend everything is alright, and in many cases the victim is blamed for causing sexual abuse and mothers are blamed for hiding and covering up for their family. They are over-protecting their abusive husband at the expense of their intellectual disabled children, hence the under-reporting.

4.5.3 Community-related factors

The community-related factors are as follows.

i. Insensitive legal system

Participants indicated that teenage learners with intellectual disability were receiving no protection from the legal system, which ignored any report involving sexual abuse of a person with intellectual disability. Some cases were dropped because legal officials could

not understand their nature or because of a language barrier. The psychologist, who had indicated that she was once asked by the court to assess the validity of the case reported by an intellectually disabled person with intellectual, confirmed this:

> *Their side of the story is hardly heard. Police just question them and then confuse them to agree to everything they say. At the end of the day, the case would be withdrawn.*

It is evident that reported incidents involving people with intellectual disability do not receive appropriate treatment and that when such reports are dismissed the chances of having sexual abuse repeated against them increase.

ii. Lack of professional expertise

When participants were asked to talk about care and support of sexual abuse they agreed that teenage learners with intellectual disability who were sexually abused and raped did not receive help from relevant professionals. A teacher, Mrs. Diba explained:

> *We just refer the case to the social worker who then reports it to the police. What we have noticed is that in our district we have limited number of social workers and psychologists. The social workers complain to us that the government needs to employ someone who has knowledge about the nature of these people with intellectually disability. They are unable to give care and support to these children because they cannot communicate with them effectively and they fail to understand their nature.*

The social worker confirmed:

> *We are trained to help normal people. We find it very difficult when there are cases that involve sexual abuse of people with intellectual disability. We are failing to communicate with them effectively. We just refer that case to the police. It is unfortunate that in our area we do not have people who are skilled in working with intellectually disabled people. The only place that is available for counselling of sexual abuse survivors is for normal people. What I can say is that we are still lacking in providing care and support needed for them. I must also admit that we rarely visit them in their homes or even at school. Therefore, these teenage learners with intellectual disability are not receiving appropriate care and support needed for their survival.*

From the above responses it was clear that teenage learners with intellectual disability were not being given the necessary or adequate care or support that would be given to children without disability. In this district there was an appearance of care and support for teenage learners with intellectual disability while in reality little or nothing was being done to help them to cope with life before or after sexual abuse.

iii. Inadequate resources

The clinical psychologist complained about the lack of resources for caring and supporting sexually abused teenage learners with intellectual disability. In this instance, she was referring to human resources:

> *This district is huge and we only have two hospitals. Every day the number of cases to attend overwhelms us. You will find out that some cases take time to be attended to, but we are trying our best. I think there should be at least two other psychologists that are assigned to attend cases of sexual abuse involving individuals with intellectual disability. Sexually abused children with intellectual disability should be kept in a special place during the time of counselling and the parent or guardian should be present to eliminate tension. These people are so special and so they need specialized treatment. I hope what you are researching will give the clear picture to the Department of Social Welfare as well as Education so as to speed up the process of recruiting new specialists in this field.*

From the excerpt it could be claimed that teenage learners with intellectual disability are not getting the care and support afforded other children. This was due to lack of specialists in that area of intellectual disability and indicates that they were not receiving counselling or proper care after having been sexually abused or raped.

4.6 Approaches for caring and supporting sexually abused teenage learners with intellectual disability

Given the beliefs about sexual abuse involving teenage learners with intellectual disability, the context within which those beliefs occur and factors contributing to them, an important question that the study covers is "what then should be appropriate

community-based approaches for caring and supporting sexually abused teenage learners with intellectual disability? Participants noted that they should be cared and supported in the following ways: (i) sexuality education; (ii) knowing the children better.

4.6.1 Sexuality Education

Six teachers and a clinical psychologist identified sexuality education as an important aspect that should be carried out to empower the learners with skills and knowledge that could help them identify possibly dangerous situations. All members of the community should collaboratively carry out such an effort with the school playing an active role, particularly the Life Orientation teachers. Participants believed that such education should cover such aspects of sexuality as knowledge of the body parts, how they function, what constitutes appropriate and inappropriate behaviour, and expressing emotions. According to Mrs. Kubheka:

> *Some of the learners need to be trained on how to use their bodies in a good manner. It takes time and energy but you become very happy when things go accordingly. We even teach them on how to express their emotion or feelings when they are not happy.*

It was interesting to note the acknowledgement that the psychologist made with regard to the importance of teaching sexuality education, indicating that intellectually disabled teenage learners who are empowered with such knowledge find it easier to disclose when sexual abuse has occurred. She pointed out how these learners could be taught:

> *The role of the school cannot be undermined in teaching these learners about sex education. It makes things easier for us as psychologists whenever there is a case of sexual abuse or rape that we must attend to. Those who are schooling are better because it is easy to use pictures and ask them to point out their body part that is affected, and some can tell what happened. But what we must know is that this is not one man`s job. I think the whole community needs to be made aware of the role of sexuality education in preventing sexual abuse of children.*

Also, Mr. Sibisi indicated the importance of patience when teaching these learners:

If you are teaching these learners with intellectual disability, you must be very patient because you need to repeat things for several times until they achieve what is desired. We use different methods like verbal messages, sign language messages, pictures, video-taped messages and we even do role-play. Though we have heard that there are some technological devises that can also help us teaching them, but we use what we have profitably.

Ms Diko corroborated this:

The use of verbal and pictures when imparting knowledge to these kids is important as that will help them remember what was taught. It all depends on the age and mentality of the child. Some needs pictures with illustrations or video-tape in order to understand.

Although participants alluded to the importance of teaching sexuality education, it was clear that such part of the curriculum raised concerns on the part of the parents. In particular, parents perceive sexuality education as immoral and encouraging early engagement in sexual behaviour. Mr. Sibanyoni indicated that he was once criticised by a parent for teaching sexuality education, and emphasized the importance of extending sexuality education programmes to teachers and involving other stakeholders:

Sexuality education should be taught to parents at the school or community meetings whereby top members of the community will address the parents on how parents can also teach it at home. Different political party members or leaders should also fit sexuality education in their programmes or meetings. Awareness programmes or campaigns should be in place, even at the churches and traditional healers' seminars. Notice boards and flyers should be all over the public places because these are the most neglected members of the community, if I can say.

4.6.2 Knowing them better

Through the interviews conducted, three participants made a point that these teenage learners needed to be understood thoroughly so that one would be able to detect earlier if something was going wrong in their lives. Early intervention can be very helpful. The coordinator at the Crisis Centre was captured saying:

You need to know them when they are happy or sad and be able to give assistance.

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Six teachers stated that there were times when they could notice that something wrong was going on with certain teenage learners with intellectual disability, meaning that with time they would be able to understand them and identify change of behaviour that may be due to sexual abuse or any other abuse. One teacher said:

> *If the child seems to be more aggressive or likes to touch his or her private part or touch other people's private, it is then that we suspect that something wrong is happening to that child. We investigate the matter, question the child, or ask her or him to draw things that she or he loves or things that hurts her or him.*

Proverbially, knowledge is equated with power, and in this regard knowing the teenage learners with intellectual disability would help rescue them from being unnoticed and the sexual abused perpetrated against them going unrecognised. Though three teachers also admitted that there were some cases of sexual abuse that went unnoticed due to parental negligence, even teachers at school were not well-equipped to understand teenage learners with intellectual disability or their behaviour.

4.7 Conclusion

The findings have revealed that people perceive teenage learners with intellectual disability as having spirits which make them highly sexual, sexually attractive, and having unusual powers that can make other people rich. Sexual intercourse with intellectual disability is associated with a cure for STD or STIs, and it is viewed as an act of pity or carried out because they are viewed as inhuman. These misconceptions affect the kind of care and support rendered to people with intellectual disability whenever there is sexual abuse case involving them. Factors which contribute to the misconceptions about sexual abuse of these learners range from individual, family and community, consequently leading people to think that these learners with intellectual disability like what is happening to them. The problem is exacerbated because they do not report sexual abuse cases. The community is very much aware of the sexual abuse cases involving teenage

learners with intellectual disability but there is little or no attempt that is done to stop it. The responsibility is only put on schools to deliver sexuality education, and even the schools that cater for teenage learners with intellectual disability complain of not having the requisite or appropriate knowledge for caring for and supporting sexually abused survivors, and only limited resources for teaching sexuality education.

The following chapter will discuss these findings in relation to the literature review and make recommendations.

CHAPTER FIVE

DISCUSSION AND RECOMMENDATIONS

5.1   Introduction

This study explored the understandings of sexual abuse involving teenage learners with intellectual disability in order to suggest appropriate and effective approaches for caring and supporting them. A number of myths around the subject were revealed, which could ultimately perpetuate sexual abuse amongst the group in question. It was also interesting to note that sexual abuse involving teenage learners with intellectual disability is a common and well-known phenomenon in the location in which the study was conducted. The understandings revolved around the following issues: (i) high sex drive; (ii) sexual attractiveness; possession of unusual powers; (iii) cure for sexually transmitted diseases; and (iv) sexual abuse as an act of pity and their not being considered as human beings. In the context of people with intellectual disability being viewed as cursed or suffering punishment, the result of witchcraft, and as being possessed by evil spirits, teenage learners may become even more vulnerable to abuse, including sexual abuse.

5.2 Understandings of sexual abuse involving people with intellectual disability

5.2.1 High sex drive

Participants, especially the one parent and educators, were of the opinion that teenage learners with intellectual disability have a high sex drive, reflected by their involvement in sex-related activities, especially when they were unsupervised. This agrees with Conod's (2008) finding of a study conducted in Mexico, which revealed that most persons with intellectual disability tend to become sexually active when the opportunity presented

itself. Conod's findings were drawn from the perceptions of parents and caregivers about supposed sexual and romantic activities displayed by persons with intellectual disability. Also, Keilty and Connelly's (2001) documentation on the prevailing misconceptions of women with intellectual disability suggested that they are believed to have a high sex drive and/or be highly sexed. Of interest was that they tend to develop sexual tendencies at a very young age, indicating that they are not understood. It appears that they are not seen as sexual beings.

Eastgate (2008) cautioned that people with intellectual disability experience the same range of sexual needs and desires as other people, however, they may experience some difficulties meeting their sexual needs as they may be hampered by the attitude of other people, which restricts them from satisfying their sexual needs. In addition, they struggle to learn appropriate sexual behaviour and gain only inadequate support from the community. Eastgate (2008) argued that masturbation is the main sexual expression and means of relief available to many people with intellectual disability. Such behaviour is often viewed as a problem, despite it being a normal and natural experience for women and men of all ages. The problem arises when people with intellectual disability masturbate in public places, very frequently or for a prolonged time without climax. Such practices may also cause self-injury.

In addition, *Sexual Health and Family Planning* (SHFP, 2009) has highlighted that sex is much associated with youth attraction. If one accepts that sexual expression is a natural and important part of human life then the perception that people with intellectual disability have a high sex drive denies them their basic right of expression. If they are not able to communicate these desires in a more conventional way, adopted amongst people in society, they may face a higher risk of sexual abuse. Hanass-Hancock (2009) documented

that some people assume that teenage learners with intellectual disability are potentially sexual deviants and should be denied sex education in case it gives them ideas. Sexuality education is thus withheld under the pretext that they do not need it, whereas Eastgate (2008) states that teenage learners with intellectual disability need to be taught masturbation techniques that are safe and where to engage in them in appropriate places.

Participants also believed that teenage learners with intellectual disability have "spirits" which attract the abusers and make it difficult to ascertain whether they were sexually abused or they were the ones who invited the sexual abusers to abuse them. People believe that spirits that live in people with intellectual disability are evil (satanic), love sex, are sexually provocative and attractive, and make those they possess run after men for sex. My findings are in line with those of Hanass-Hancock (2009) who notes that disability in traditional Zulu cosmology is sometimes regarded as a curse from 'God', lack of ancestral protection or exposure of ritual pollution. On the notion that they love sex, Keilty and Connely (2001) indicate that people with intellectual disability seem to have a higher sex drive than non-intellectual disabled people.

5.2.2 Sexual attractiveness

Teenage learners, whether "non-disabled" or having intellectual disability, are at the developmental stage of adolescence, which could begin at the age of 11 years. During this stage the person's body changes, breasts grow larger and fuller, hips develop and the waist assumes a narrow shape, whilst the pelvis widens and the hormones trigger menstruation. Experimentation with the body and sexual feelings, sexual desires and sexual expressions develop (*Britannica Concise Encyclopaedia*, 1994-2010). According to a study conducted by Gromish (2009), children are perceived as being seductive in nature and abused children may learn to respond in a sexual manner to certain people or situations.

Communities that view people with intellectual disability as childlike may confuse a teenager's physical developments with sexual attractiveness, while the behaviour could be incorrectly judged.

5.2.3 Unusual powers

The traditional healer indicated that other people sexually abuse teenage learners with intellectual disability with the aim of extracting certain powers from them that would make other people rich. Such an action is called *'ukuthwala'* in IsiZulu or *'ukuthwebula kocansi'*. The traditional healer claimed that the rituals of sexually abusing people with intellectual disability in the name of *ukuthwala* (becoming powerful, feared and wealthy) takes place because they are misconstrued as having qualities similar to those of a mermaid, which is believed to be a wealth-giving creature.

The Zulu people believe implicitly in the power of the ancestors and even the sophisticated Zulus in the upper echelons of business visit traditional diviners and healers for assistance in times of trouble and illness. According to Ngubane (2008), *ukuthwala* involves a negative form of occult enrichment to gain instant or fast wealth and/or power, which is motivated by greed and can be practiced by dealers seeking enrichment through the use of human body parts. *Ukuthwala* is a very complicated way of becoming rich. It is very secretive information which *inyanga* (the herbalist) will only release to a client as *ukuthwala* is not a socially approved practice. The process takes very long to complete and it is guaranteed that upon engaging in it, riches will ensue. The client is instructed to follow certain procedures or rituals for the rest of his or her life. The riches go away if the client dies or stops following the prescribed procedures or rituals. Men often use *ukuthwala* to solve their financial problems.

It is evident from the above perception of becoming rich that some people in this area of Amakhekhe have embarked on sexually abusing teenage learners with intellectual disability with the aim of extracting powers that they think will enrich them. Such misconceptions are confusing because, according to the study conducted by Meyburgh (2009), Zulu people are known for their respect and dignity. They are conservative in their culture of consulting the ancestors when they are begging for something, including richness. They normally make thanksgiving sacrifices (when something good has come about) and scolding sacrifices (when something bad has happened unexpectedly, including death). The *Umvelingqangi* ('God') is also consulted interchangeably with the ancestors.

5.2.4 Not considered as human beings

Sexually abusing people with intellectual disability in the belief that they are less human, or doing it in the name of pitying them is still prevalent in some communities. This could be associated with the belief that individuals with intellectual disability do not suffer the same effect of sexual abuse as non-disabled survivors. This is revealed by the negative responses that teenage learners with intellectual disability get when they are sexually abused. People with intellectual disability are considered less human and so any sexual abuse committed against them is not taken seriously. They are believed to be worthless and defective. Two participants, a parent and a teacher, indicated that teenage learners with intellectual disability feel no pain because they like to harm themselves and they are fascinated by seeing the blood oozing from their body. My findings are consistent with Kaukkune, Janis and Vehvilainen-Julkunen (2010), who documented that people with intellectual disability seem not to feel any pain or pleasure. Therefore, with such a belief, teenage learners with intellectual disability are not treated the way non-intellectually

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disabled children would be treated if they were sexually abused. They receive little or no counselling when they are sexually abused.

The findings correlate with a study conducted by Naidu, Haffejjee, Vetten and Hargreaves (2005), which found that the perpetrators and society consider people with disabilities as less human, and the abuse committed against them is not regarded as a crime. They are seen as 'damaged merchandise', which does not feel any pain and is incapable of experiencing emotional, physical pain or pleasure, or as a disabled menace with uncontrollable sexual urges. In addition, the study conducted by UNICEF (2005) reported that frequently people with intellectual disability are viewed as non-sexual beings, with no sexual urges or needs, or, at the other extreme, as people with rampant, uncontrollable sexual urges.

5.2.5 Act of pity

Participants also indicated that some people sexually abuse teenage learners with intellectual disability with the notion that they feel pity for them, as they knew that no one would propose love to them. This confirms the study conducted in Southern Africa by Rohleder, Braathen, Swartz and Eida (2009), who documented that individuals with intellectual disability are prone to sexual abuse due to being seen as objects of pity.

It must be understood that any perception or about teenagers with intellectual disability would affect the way they are treated in the society, and actions towards them could have far reaching implications on their lives. For example, they influence the availability of services and the way policies are implemented to support this group. Furthermore, they could perpetuate and increase the risk of being sexually abused.

5.3 The context in which beliefs occur

5.3.1 Witchcraft

A belief in witchcraft is deeply rooted in the collective consciousness of certain black groups, and people in Amakhekhe believe that there is nothing that just happens naturally. Witches are blamed in the Amakhekhe area because they are believed to send misfortune and illness to their enemies. Such a belief about witchcraft correlates with the study carried out by a journalist in Nigeria, Comrade (2002), who indicated that such belief is still strong in people's mind and will take a long time to eradicate. It was indicated that in primitive communities, witchcraft became pervasive and supports the belief that nothing happens naturally. According to Comrade (2002), every adverse situation is a wicked act of a witch, invariably a woman or a child, and even today this primitive superstition is preserved and serves the same function. Significantly for this study, Botha, Koen and Niehans (2006) have reported that many people believe that witchcraft plays a role in the development of disability, similarly to a study by Sorsdah, Stein, Grimsrud, Seedat, Flisher, Williams and Myer (2009) in which the traditional healer believed that people were suffering intellectual disability due to witchcraft.

5.3.2 Intellectual disability as a curse and punishment by ancestors and divine being

Another misconception revealed was that intellectual disability is the result of a curse or a punishment from ancestors or 'God'. The belief is that ancestors protect people against evil but on the other hand could purportedly punish their descendants through sending illnesses, tragedy and bad luck, if they ignore or fail to observe traditions that keep the ancestors happy. Ancestors can also withdraw their protection, leaving people to become susceptible to illness and tragedy, and spells cast by witches and sorcerers (Mordaunt,

2003). People in Amakhekhe believe that if the family does not placate perceived powers, that family will have a child with intellectual disability as a punishment or a curse. Millington (2006) noted that some people use Biblical quotes to support such beliefs, including text from the book of *Deuteronomy* 28 v15 -29, which reads thus:

> If you do not carefully follow His commands and decrees, all these curses will come upon you and overtake you. The Lord will affect you with madness, blindness and confusion of mind. At midday, you will grape around like a blind mind in the dark.

From the *New Testament* the justification used is based on the book of *Luke* 9 v 37-43, which reads as follows:

> Even while the boy was coming, the demon threw him to the ground in a convulsion. But Jesus rebuked the evil spirit, healed the boy and gave him back to his father. And they were all amazed at the greatness of God.

And in *Luke* 8 v 26-39:

> For Jesus has commanded the evil spirit to come out of the man. Many times it had seized him, and though he was chained hand and foot and kept under guard, he had broken his chains and been driven by the demon into solitary place.

As a result, in most cases teenage learners with intellectual disability are hidden and live in isolation from the rest of the family, and in fear of the associated labelling and the stigma behind it. This isolation in turn places them at greater risk of being sexually abused, as they are out of the public eye.

5.3.3 Demonic possession

The notion that teenage learners with intellectual disability are possessed by demons was also revealed. The traditional healer interviewed in this study even stated that he and his colleagues also use spirits to operate and some of these spirits are in people with intellectual disability. The belief about spirits resonates with Rosen's (2006) study which traced the rise of Christianity and its attendant beliefs. The study found that 'the devil' or 'Satan' was viewed as a prime suspect in handicapping conditions. Many disabled people were viewed as polluted or creatures of evil, and as dangerous to the community and to themselves. All who did not wish to be defiled or corrupted therefore shunned them. They thought that the evil spirits caused mental derangement. Similarly, the study conducted in India by the Travel Camel (2011) revealed that people with intellectual disability were still being seen as 'haunted by evil spirits'. Also, UNICEF (2005) alluded to certain societies that still believe that if the child has a disability this is due to 'evil spirits' or being inhabited by 'a devil', and to get rid of the spirits the person needs to be violated in some way.

From an historical point of view, the extremely irrational beliefs of many persons involved in sexual violence against teenage learners with intellectual disability has revealed an attitude based on unquestioned ideas from an earlier system of belief. The suggestion that it is an outside agency that causes the child to be disabled arises from an animistic view of what divine or ancestral agency can achieve (Henderson and Bryan, 2004).

Special Olympics (2007) research into ways of improving the lives of people with intellectual disability in Africa found that those who still hold onto traditional beliefs that

disability is a curse, sin or a disgrace, are often rejected by families and shunned by the community. An Ethiopian study by Weldeab and Opdal (2007), on raising the child with intellectual disability, revealed that having such a child is regarded as shame. Due to stigmatization, a large number of such children are hidden at home and kept away from schools and from other intervention programmes, although social exposure is essential to improve the adaptive ability Furthermore, Anisuzzaman (2009) finds that some parents, siblings and close relatives still regard children with intellectual disability as being a curse and stated that they are burden, requiring time and attention and the meeting of medical expenses. Couples may blame each other for the birth of a child with intellectual disability.

5.4 Factors contributing to the understandings about sexual abuse of teenagers with intellectual disability

This study revealed a number of factors that perpetuate the understandings of sexual abuse of teenage learners with intellectual disability and put them at greater risk of falling victim to abuse. These factors are described under three topics: individual; family; and school and community, and closer examination reveals their interaction as explained in Bronfenbrenner's theory of ecosystems. The interaction between the individual (teenage learners with intellectual disability), family (parents and siblings), community environment and education (school) fuels and steers sexual abuse to teenage learners with intellectual disability. Changes in any one will ripple throughout the other.

5.4.1   Individual-related factors

Poor communication skill reduces the ability to express oneself clearly and effectively. Any attempt to disclose the abuse may be hampered, as is the ability to give details about what happened. On the same note, poor memory may interfere with an ability to recall

and/or remember events or people vividly. A police officer may struggle to obtain an accurate and reliable statement and in instances where the officer is not trained to work with individual with intellectual disability, the complaint could be dropped (Phasha, 2009). These challenges could explain the UNICEF (2005) claims that individuals with intellectual disability often experience challenges in accessing the legal service.

Evidently, lack of knowledge about their own sexuality and other issues pertaining to sexual abuse reinforce warped conceptions about teenage learners with intellectual disability as they make it difficult for them to differentiate appropriate and inappropriate social behaviour. According to the *Electronic Journal of Human Sexuality* (EJHS, 2002), they are unaware that the action taking place to them is sexual abuse and as a result do not know what to do if they encounter a situation of unwanted touching. They are thus unable to say 'no' or to take evasive action. This is so because they are rarely empowered with issues of sexuality, due to teachers' reluctance to address such issues. Caregivers and parents fear that sexuality education may encourage the manifestation of unacceptable social behaviour on the part of individuals with intellectual disability since they are believed to be having a high sex drive (Keilty and Connelly, 2001). Generally, within the South African context, teachers tend to avoid the subject of sexuality. The study conducted by Coombe (2000) in KZN revealed that teachers, especially in black schools, prefer to avoid teaching sexuality issues. Moreover, Hanass-Hancock (2009) reveals that teachers complain about teaching a subject for fear that it might encourage early engagement in sex. Teachers stated that they 'don`t want to wake up the sleeping dog'.

5.4.2 Family-related factors

Family –related factor was identified as contributing to current understanding about sexual abuse of these individuals is under-reporting by the family members. Sexual abuse

is under-reported because the parents and other family members tend to ignore and pretend nothing has happened. They prefer to treat it as a family matter to protect the perpetrator, more especially if s/he is a family member or friend, for fear of causing conflict within the family. In most cases the victim is blamed for sexual abuse, as was revealed in the research findings. Whilst such a conception could be related to beliefs noted in the Betterhealth Channel (2011), that parents or family do not want other people to know about it as they considered it as a shame and humiliation, they blame the victim for sexual assault.

The care afforded by family members tends to be minimal, hence the study's revelation that children in the group are loitering in the streets with torn clothes and sometimes without underwear. According to UNICEF (2005), neglect also occurs when the family members, neighbours, healthcare professionals and social service workers refuse to intervene in known cases of abuse. This in turn could create an impression that these children are looking for sex rather than being abused. According to the study conducted by Phasha (2009), family members tend to ignore sexual abuse cases in their families, treating it as a family issue. Anyone who wants to intervene is threatened, resulting in the under-reporting of sexual abuse cases involving people with intellectual disability.

5.4.3 Community-related factors

With regards to community-related factors, a lack of professional expertise was raised as an issue, because care and support professionals complained that they were not trained to give services to people with intellectual disability, and hence were failing to communicate with them. The professionals dealing with sexual abuse cases lack understanding of individuals with intellectual disability, as they have not been trained to provide support and care for them. Even the Crisis Centre in the Amakhekhe community did not cater for

individuals with intellectual disability, with social workers and nurses complaining that they were not trained for people with intellectual disability and so did not understand their nature. This confirms findings from a study conducted by Whitehead (2004) in the city of Johannesburg, which documented that only between one and two percent of disabled people had access to care, rehabilitation and education services in Africa. Surprisingly, in South Africa, people with disabilities are treated as an 'invisible community', in a belief and practice that disability is a matter for NGOs and therefore does not receive funding through normal budgetary allocations. Many severely disabled people do not survive because of lack of supportive services and resources as mentioned by Keeffe; Nikkia; Hara and Jean (2008).

5.5 Strategies for caring for and supporting sexually abused teenage learners with intellectual disability

Considering that misconceptions about sexual abuse involving teenagers with intellectual disability are found in the school and the entire community, care and support for them cannot be the responsibility of one organization, therefore the school and the entire community must work collaboratively in this regard. Community-based support groups for parents and caregivers for teenage learners with intellectual disability should be initiated in order to provide them with knowledge and parenting skills. These support groups could be formulated by involving professionals such as teachers, nurses, social workers, psychologist, police officers, sexual abuse survivors' counsellors, lawyers, doctors, religious leaders, traditional healers and any member of the community who is interested in making a contribution. This would help in promoting the good understanding of people with intellectual disability and combat the calling of names, such as 'insane', 'mad' and other disturbing labels. The group can also lead community awareness

programmes, aimed at deepening positive, constructive understandings of intellectual disability and preventing sexual abuse.

The importance of coordinated community effort cannot be overemphasized, since sexual abuse of teenage learners with intellectual disability is a community problem. The professionals and other concerned members of the community need to come together to share their expertise for the benefit of people with intellectual disability and prevent further sexual abuse (Keeffeet et al., 2008). Training and awareness campaigns are key organizational intervention measures that can help build knowledge and understanding about intellectual disability, and challenge misconceptions and bias on the part of the service providers.

5.5.1 Promoting a better understandings of intellectual disability

It was noted in this study that intellectual disability is misunderstood and this perpetuates sexual abuse as well as poor care and support for those who are sexually abused. Although this study was not successful in obtaining a reasonable number of parents who have children with intellectual disability, the view of the only parent who participated, and most of the professionals, indicated misunderstanding about intellectual disability.

Knowing them better is another strategy that the community can use in order to provide care and support for those who are sexually abused. Early intervention is essential to avoid lifelong traumatisation. Three teachers admitted that there were some cases of sexual abuse that went unnoticed due to parental negligence or even teachers at the school not being well-equipped in as far as understanding teenage learners with intellectual disability and their behaviour. On that basis there could be programmes which particularly focus on promoting parents' understanding. I recommend that those families who have children who have been clinically and medically assessed as having intellectual disability

should be equipped with knowledge better to understand such children and to give appropriate care and support. The Integrated National Disability Strategy (1997) promotes better understanding of people with intellectual disability by emphasizing that disabled people should not be seen as objects of pity but as capable individuals who are contributing to the development of the society. The Health System Trust (2011) designated the month of March as 'Intellectual Disability Month', with the South African Federation for Mental Health (of which Cape Mental Health is an affiliate) embarking on awareness campaigns to highlight the human rights of people with intellectual disability.

As Aunos and Feldman (2006) argue, much more work is needed to inform and educate those people whose profession allows them to render their services to people with intellectual disability (e.g., police officers, lawyers, social workers, psychologists, judges, educators). As everyday responsibilities of these professionals place them in contact with teenagers with intellectual disability, it is important that they develop the right attitude and understanding. For that reason, whatever myths or misconceptions they have about these children should be addressed. Community leaders, such as area counsellors, mayors, political leaders or church leaders or traditional healers, should cultivate appropriate understanding of people with intellectual disability in their area of contact. Awareness campaigns and posters should be organized at local, regional, provincial and national levels to enhance the understanding of intellectual disability and promote their rights. Teenage learners with intellectual disability should be involved in community gatherings and be allowed to participate in various community activities, such as competing in sport and theatrical or media performances. Discrimination should be discouraged in all forms.

People with intellectual disability should be afforded the same rights, choices and opportunities as would be open to more members of the society (Grieveo, McLaren and

Lindsay, 2006). Programmes for healthcare, education and training, and for setting up residential homes for people with intellectual disability, should be organized. Assistance with rehabilitation of people with intellectual disability should be provided, finding or creating employment, providing capital for self-employment involvement in community-based rehabilitation programmes. Teenage learners with intellectual disability need to be listened to and informed of any changes in their lives, or of any decisions affecting them. They need to be recognized as people, and must be included in all everyday activities, for example, going to the shops, attending church, helping with domestic chores, and going to dances and family parties or functions. From a human rights perspective, the United Nations Conventions on the Rights of Persons with disabilities (2007) stated that people with disability have the same rights as everyone else. The Australian Human Rights Commission (1989) stipulated that people with intellectual disability have equal rights, that is, to respect and human dignity, to become as self-reliant as possible, to participate in public affairs, to be heard and understood, to privacy and protection, and to life.

Intensive programmes to demystify misconceptions about sexual abuse of teenage learners with intellectual disability should be implemented. Poorer communities that are susceptible to those forms of beliefs about sexual abuse of teenage learners with intellectual disability, such as the semi-rural area of Amakhekhe, should be targeted. The rights of people with intellectual disability should be taught in community gatherings, schools, churches, political parties, meetings and the healthcare centre. More particularly, traditional healers should be given appropriate information about intellectual disability, which occurs alongside strong legislation forbidding them from misleading people into believing that sexual abuse of intellectually disabled persons could bring fortunes (wealth and power). The Traditional Healers' Counsel should be vigilant in guarding against the culprits who hide under their umbrella whilst tarnishing their reputation. I suggest that

strict and clear procedures to all those who are traditional healers should be followed.

5.5.2 Sexuality Education

Sexuality education should be a core strategy to be used to teach teenage learners with intellectual disability to know more about their sexuality and reduce the risk of potentially negative outcomes from sexual behaviour, such as unwanted or unplanned pregnancies and infection with STDs, including HIV. Education would also cover sexual development and reproduction, contraception and birth control, and relationships. Sexuality issues should be taught at home, in the school and in the community. Parents and caregivers should be proactive and engage young people in discussions about sex, sexuality and relationships. Teachers too should play an active role in educating teenagers about sexuality-related issues. Many teenage learners, irrespective of their race, colour, national origin, sex, religion, ability or disability, are sexually active in one way or the other (Virginia Cooperation Extension, 2009), therefore comprehensive sexuality education should provide consistent and accurate information to all young people from an early age. The programmes should be sensitive to diversity, race, religion, culture and disability. A shared partnership approach between the home, the school and local community should ensure sound evidence-based and responsible sexuality education.

Lessons at school should incorporate information on social skills (as differentiation between public and private behaviour, dating, establishing relationship, eye contact, social distance, listening, posture and voice modulation); reproduction (anatomy, biological function, menstruation and birth control); infectious diseases (transmission, prevention, safer sex, abstinence and virus detection); prevention of sexual abuse (saying 'no', running away, reporting sexual abuse) and assertiveness training and cognitive restructuring. The educators should present this information with correct techniques, using

appropriate materials, for example, visual, auditory and tactile method (Advocates for Youth, 2008)

Different methods, such as verbal messages, sign language messages, pictures, video-taped messages and even role-playing, can help in teaching learners what sexual abuse is and how they can defend themselves in an abusive environment. Some technological devices can also help in teaching them, but people can profitably use resources they may have on hand. Although participants alluded to the importance of teaching sexuality education, it was clear that such a part of the curriculum raises concerns on the part of the parents.

The ability to communicate is fundamental to the day-to-day life of most people. Some people with intellectual disability have difficulties in communicating for a variety of reasons. They may be unable to express or make their wishes understood, and fail to convey their preferences, needs or problems. There are a variety approaches to meet these needs, from developing personal communication skills, to relying on others for assistance in communicating and using basic advanced technology. Assistive devices, such as 'Augmentative and Alternative Communication', can be used, which is a computer-based package of techniques and technologies that make up communication for a specific individual (Mechling, 2006).

The learners can be trained to use dolls, drawing or models in order to express their feelings or emotions. As with sexual abuse of any child, this needs to be performed by a person with appropriate skills and training. If appropriate methods are used, even a person with severe disability may be able to report abuse and make decisions about how to proceed. Education programmes to reduce the risk of sexual abuse (Eastgate, 2008) of teenage learners with intellectual disability may require support in several areas of life:

self–care, receptive and expressive communication and economic self-sufficiency. Therefore, a combination of special interdisciplinary or generic services, individualized support and other forms of assistance that are individually planned and coordinated are necessary.

Integration training across all governmental and non-governmental organizations that have a role to play in dealing with the socio-economic needs of people with intellectual disability, and of sexual abused people with intellectual disability, should be implemented. Screening of all staff members who have access to children with intellectual disability is very important to avoid secondary sexual abuse. Child care providers should receive training in recognizing and reporting sexual abuse. There is a need to develop and implement advocacy and communication strategies for prevention and management of sexual abuse involving teenage learners with intellectual disability at individual, family and community levels in the context of promoting of human rights, and to address cultural and social misconceptions. Appropriate education aimed at helping young people with intellectually disability to recognize and report sexual abuse is an empowerment strategy. Documentation of data collection should be promoted to provide information on the magnitude of the problem. National emergency hotline numbers should be used responsibly, attended by people who are skilled in tackling people problems and providing referrals as soon as possible.

5.5.3 Promoting the "right" attitude

Since sexual abuse involving teenage learners with intellectual disability is classless, non-discriminatory and prevalent in every social structure, so there needs to be a change of attitude by service providers. People should be recruited who have a passion for supporting and caring for people with intellectual disability, with involvement of the latter

in order to get firsthand information of their experiences and needs. Essential places (such as police stations, shelters, counselling centres, healthcare centres, schools and courts) for seeking help, care and support for sexually abused intellectually disabled people should be easily accessible. People who provide services should be competent so as to be intermediaries who may be appointed to testify on behalf of the learners if the court believes that testifying would be traumatic.

Ongoing support and in-service training for educators, parents, caregivers, nurses, social workers and other professionals would make them more enlightened and be vigilant, so as to identify sexual abuse and take or follow correct protocol and protect them. Therapeutic counselling, even if non-verbal, and a variety of training techniques that teach self-defence, body integrity, prevention and reporting should be used. Every hospital and clinic should have a qualified therapist who is especially trained in both understanding intellectual disability and providing counselling to sexually abused teenage learners with intellectual disability (Davis, 2005). Community-based treatment programmes should be in place. Therapy with intellectually disabled young people, family therapy, psycho-educational and therapeutic group sessions and other agencies who are interested in dealing with intellectually disabled people should be implemented. The primary focus should be to educate parents and caregivers to provide opportunities for support (Ayland and West, 2006)

Medical professionals should always be keenly looking out for signs of sexual abuse or sexual activity during a clinical visit. It is essential that community physicians realize that intellectually disabled young people could be sexually active within a consensual setting and thus require adequate counselling and testing concerning sexual transmitted diseases. A thorough examination is crucial to document sexual abuse and to prevent the spread of

diseases. Clinical documentation must be clear and honest since it can serve as key evidence in a court proceeding for either the defence or the prosecution (Morano, 2001). Although some cultures have an 'ostrich's head in the sand' mentality and deny that sexual abuse exists, we need to try harder as researchers to make them aware of it by publishing our research findings and conducting seminars and workshops to update them of the new developments.

5.6 Limitations

The findings of this study cannot be generalized since the study was using people to collect data, so the same questions posed to other groups would receive different responses, or if the same questions were asked by another researcher the same people might respond differently. The research tool, interview and questions can influence the type of the findings. The data were collected after hours when the participants might have been tired, hungry and keen to reach their homes. Some participants might have given me a different response if the interviews had been set in the morning, while their minds were still fresh. The researcher feared to probe some participants due to their uncomfortable working place, and disturbance by cell phones, telephones and knocking at the door, which disturbed concentration by both parties. Since this was a sensitive issue, the researcher felt that she was not strong enough to probe and to make follow-up questions.

The qualitative nature of the study permits only a few participants, therefore the findings cannot be generalized to the whole population of the Amakhekhe area. The study also has a cultural and racial limitation in the sense that only one white female social worker participated. My study could be improved upon by using more than one research tool, for example interviews, observations and questionnaires. Despite these limitations, the research findings of this study remain credible and trustworthy in the sense that after the

transcription was made, I returned to the participants so that they can confirm what I have written as well as the interpretation of the analysed data. So the findings are believable and trustworthy from the participants` perspectives or subject in the research itself. In this study I have presented the understandings of sexual abuse involving teenagers with intellectual disability in the rural area of KwaZulu-Natal.

5.7 Recommendations for further study

Human nature will continue to be fallible, meaning that all people are capable of doing good things or bad things. We need to cultivate the culture of humanity and disapprove of evil deeds. It will be more interesting to further this research in a more urban setting of Amakhekhe, as the rural nature of this study sample could have influenced certain parameters. My results seemed to support the African understandings of intellectually disability as well as misconceptions about sexually abusing young people with intellectually disability. More research is needed on this area of sexual abuse involving young people with intellectual disability to investigate how teachers deliver sexuality education. Further research is needed in the area whereby there will be equal population representation with police officers, doctors, nurses, teachers, psychologists, occupational therapists and speech therapists from blacks, whites, Indians and coloureds

5.8 Conclusion

All children are at risk of being sexually abused, but the intellectually disabled are at a significantly greater risk because they are among the poorest and most overlooked, stigmatized and marginalized. The topic has been taboo to many families and communities, due to traditional values that discourage revealing details of home life to strangers and of not letting family members be subjected to punishment. Most of the available literature on sexual abuse involving people with intellectual disability both

international and in South Africa at least revealed that sexual abuse is a serious problem. The home, that is supposed to be a safe haven, is increasingly being exposed as a hub of various horrendous forms of sexual abuse. Teenage learners with intellectual disability are commonly subjected to sexual abuse in their own community.

Sexual abuse of teenage learners with intellectual disability is riddled with myths and misconceptions that render them vulnerable to various forms of sexuality in the community. The sexual lives of people with intellectual disability is made complex by the understandings in which people have about them. Sexual abuse of teenage learners with intellectual disability is fuelled and perpetuated by understandings in which people attached to them. The findings clearly indicated that teenage learners with intellectual disability are perceived as evil, cursed, bewitched, possessed by spirits, having high sex drive, being sexually attractive, and/or having spirits that will make other people to be rich. I have found that it is these beliefs that increase their high risk of being sexually abused. Sadly, people who have been the survivors of sexual abuse may believe that they are in some way to blame and ask to be sexually abused. Modern practices recognize and respect the disabled people as a person first and as disabled second. Disabled people are not perceived as inferior or second-class citizens, but capable of communicating and participating, entering into dialogue with other people. These are the empowering practices, the very basis of people-centred development which recognize that disabled people, or any other group of human being in the society, need to be responsible for their own affairs.

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Websites

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www.gov.za

Sample of interview: Re-interviewing the educator

Date: 04.03.2009

Venue: School

Time: 14h30-15h10

Duration: 40minutes

Researcher: Good afternoon, Sir. I am Dudu Myaka, a student at the University of Johannesburg. In the interview that I was having with you concerning sexual abuse of children with intellectual disability, you mentioned that abusing a person with intellectual disability gives the abusers power. So that information was very special, I am here again because I am requesting you to give me more information on that issue. Will you please tell me more about it?

Educator: I was meaning that those people who sexual abused children with intellectual disability want to have more power since these people have spirits that control their life. People believe that if they have sexual intercourse with mental retarded person, the spirits will get into them and they will have more power in their businesses, to be respected and be feared. These spirits can speak things you may not understand or unclosed the hidden things. There are witchdoctors who believe that these people with intellectual disability had more than necessary spirits that should dwell in the normal human being. That is why they speak things normal person would not understand. Those who are dump or cannot speak properly it is because of many spirits with different languages in his mind. What is amazing with these people is that if you put them together, they understand each other even those who cannot speak well; they get well along with each other. So the spirits can move from one person to another person in any form. So if people sexual abuse them they think that they are going to get more power and to be feared. In our community we still have people who believe in " Ukuthwala" (it is the ritual that is illegal to make a person to be rich, your assets will multiply and to be honoured or respected). You have to undergo certain rituals of which it depends on the sangomas or witchdoctor what they tell you to do. Some rituals go beyond

sexual abuse to mutilation of the people body parts or even killing the person. So what I can say is that some people commit sexual abuse to children with intellectual disability with that instruction from certain witchdoctors. Perpetrators are sexual abusing children with intellectual disability for experimentation reasons.

Researcher: What can you say about the idea that these children with intellectual disability have spirits that attract the abusers?

Educator: As I have mentioned earlier on that these people have spirits. These spirits can present themselves in many different forms. What we must know is that spirits are spirits. They can even blind a normal person to commit sexual abuse with those who are possessed by spirits. If you may allow me for a short time just to deviate from your topic and let us look at the sexual abuse of normal children. If you may think properly what really make the respected normal person to sexual abuse his own flesh and blood child. What we ought to know is that normal men cannot do that but if the person is under certain spirits that man will be attracted to his two year old child. So I mean to say that the spirits can lure you and change their appearance to be more attractive. Some of these children with intellectual disability are very pretty and if the spirits in them want sex, they are uncontrollable. What you must know is that once you have committed sexual intercourse with these people, you will end up being a victim. The spirits in them can appear to the abusers as their girl friend that is more prepared for sexual intercourse. So the spirits in them attract the abusers.

Researcher: Thank you very much for all the information you have given me. I assure you that it will remain confidential as possible. Only my institution will have an access to it.

Educator: Okay.

UNIVERSITY
—OF—
JOHANNESBURG

DATE: 12 September 2008

Department of Education
Amajuba District
KWAZULU NATAL
Research Department

Re: Permission to conduct the study

My name is Lucy Dudu Myaka, a teacher at Sipheni School. I am currently pursuing a Masters Degree in the Department of Educational Psychology at the University of Johannesburg under the supervision of Dr TN Phasha. The title of my research is: **Understandings of sexual abuse involving teenagers with intellectual disability in Newcastle. The ultimate goal is to suggest strategies for caring and supporting sexually abused learners.**

I wish to do this research at these two Special Schools, YWCA and Vumanisabelo, located at Amajuba district in Newcastle. Participants will be professional whose work brings closer to people with intellectual disability. **No learners** will participate in this study. Participants will take part in in-depth interviews with the researcher.

Ethical issues will be observed as follows: Interviews will take place at the institutions/schools in the afternoons when all work-related activities have been completed. There will be a counsellor on site to provide emotional support. Participants will be provided with a list of resources to contact if help is needed. Details about the research will be given and explained to participants, and also research methods will be clarified before data collection. Participants will be advised to not disclose names of any abused individuals they know, as that is not part of the study. Participation in this study will be voluntary and can be terminated at any time without a fine. Pseudonyms will be used data collection and in report writing. They will be given opportunity to ask questions or clarity regarding the research. To further provide participants will details of the research, a summarised proposal will be attached to each invitation letter.

Data will be tape recorded with participants' permission. Tapes will be kept in a locked safe and be destroyed two years following the completion of the study. No one will have access to it or the transcripts except my supervisor. There is no payment for participation and the benefits of the research will be explained to participants. Confidentiality of all the information received will ensured.

I will appreciate your help in this regard.

Yours sincerely,

Lucy Dudu Myaka

Signature: _Myaka_   Contact number: 0824055828

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PROVINCE OF KWAZULU-NATAL
ISIFUNDAZWE SAKWAZULU-NATALI

DEPARTMENT OF EDUCATION
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INHLOKOHOVISI	PIETERMARITZBURG	HEAD OFFICE
Imibuzo: Enquiries: Sibusiso Alwar	Reference: Inkomba: 0049/2008	Date: Usuku: 20 October 2008

Ms L. Myaka
P.O. Box 15164
Newcastle
2940

PERMISSION TO INTERVIEW LEARNERS AND EDUCATORS

The above matter refers.

Permission is hereby granted to interview Departmental Officials, learners and educators in selected schools of the Province of KwaZulu-Natal subject to the following conditions:

1. You make all the arrangements concerning your interviews.
2. Educators' and work programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, educators and schools and other Departmental Officials are not identifiable in any way from the results of the interviews.
5. Your interviews are limited only to targeted schools.
6. A brief summary of the interview content, findings and recommendations is provided to my office.
7. A copy of this letter is submitted to District Managers and principals of schools or heads of section where the intended interviews are to be conducted.

The KZN Department of education fully supports your commitment to research: **Sexual abuse amongst teenagers with intellectual disability in Newcastle**

It is hoped that you will find the above in order.

Best Wishes

R Cassius Lubisi, (PhD)
Superintendent-General

RESOURCES PLANNING DIRECTORATE: RESEARCH UNIT
Office No. G25, 188 Pietermaritz Street, PIETERMARITZBURG, 3201

PROVINCE OF KWAZULU-NATAL
ISIFUNDAZWE SAKWAZULU-NATALI
PROVINSIE KWAZULU-NATAL

DEPARTMENT OF EDUCATION
UMNYANGO WEMFUNDO
DEPARTEMENT VAN ONDERWYS

ISIYINGI SASE- MAJUBA	AMAJUBA DISTRICT	AMAJUBA DISTRIK

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Imibuzo:
Enquiries: N.K SITHOLE
Navrae:

Inkomba:
Reference:
Verwysing:

Usuku:
Date: 12/09/2008
Datum:

Mrs Lucy Myaka
P.O BOX 15164
NEWCASTLE
2940

12ᵗʰ September 2008

AIM: To acknowledge and respond to your letter dated 08 September 2008: permission to conduct research.

BACKGROUND: The above quoted letter was received by this office on the 11ᵗʰ September 2008. Such permission can only be granted by Head Office.

CONCLUSION: Your request has been forwarded to Head Office for consideration. Head Office will respond to your request in due –course.

District Manager –N.K Sithole

KZN DEPT. OF EDUCATION
AMAJUBA District Office

2008 -09- 1 5

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