

# Sexual abuse of children and adolescents in South Africa

**Forms, extent and circumstances**



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UBS Optimus Foundation.

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## The Optimus Study: A valuable contribution for our children



All children have the right to live free from emotional, physical and sexual violence. But as the UNICEF global report *Hidden in Plain Sight* details, violence against children continues to affect every country, culture and community across the world with devastating impact. Childhood exposure to violence victimizes children and plays a role in transmitting violence from one generation to the next. Children who grow up in a violent household or community can internalize violent behaviour as a way of resolving disputes, repeating the pattern against their own spouses and children. Beyond the tragic effects on individuals and families, violence against children can also obstruct economic growth because of lost potential and reduced productivity, disability and decreased quality of life – all of which can hold a nation back from fully developing.

Recognising the pervasive nature and the devastating impact of violence against children, the South African Government adopted forward-looking policies and legislation to protect children. This has, however, not curbed the alarming rates of sexual violence against children in South Africa. According to the South African Police Service, 18,524 cases of sexual abuse were reported to the police in 2013/2014,



**Dr. Yulia Privalova Krieger**  
Deputy Representative, UNICEF South Africa

**“No violence against children is justifiable and all violence against children is preventable.”**

on average, of 51 cases every day. Much violence against children, though, is unreported and unrecorded. It remains hidden for many reasons. Young children lack the capacity to report violence, and older children often fear retaliation by perpetrators. In addition, parents may be the perpetrators of violence against their own children or parents may remain silent



when violence is committed by other family members or by powerful members of the community or society.

Lack of data about different forms of violence against children and in particular sexual violence, is a key challenge to effective response to violence against children. Without reliable data to inform planning and monitoring of national action plans, it is not possible for Government to systematically assess success or failure of their efforts.

The Optimus Study South Africa is an important contribution to narrowing this gap. The study provides national data on the extent or impact of child sexual abuse and other forms of maltreatment in South Africa. The findings show that sexual abuse of children and adolescents is widespread and possibly worse than previously estimated. The study finds that one in three children have had some experience of some form of sexual abuse, which is persistent over the course of children's lifetimes, and regrettably present in their everyday lives. The data also shows that boys and girls are equally vulnerable to sexual abuse, although the forms might vary. This is a departure from much of the literature, which usually focuses on the

particular vulnerability of girls. Gender is important but motivations for violence towards children are not all gender-driven. Children, girls and boys, are targets for violence because they are vulnerable developmentally and dependent upon caregivers for survival and protection. The study points to a critical gap in programme design that needs to be taken into account – the experiences of boys. Also important is the fact that two-thirds to half of children and young people reporting violence experience repeated victimisation. One in ten children who have experienced sexual abuse by a known adult, had this experience four or more times.

For every child to live in safety we first need the right data and information on which to base prevention and response interventions. This study provides the evidence base critical to national planning and programming to improve child protection. The study is also based on young people's – both girls and boys – own experiences of sexual abuse and perception of sexual victimisation in their lives, and so makes a valuable contribution to ensuring that children's voices heard as well as making violence against children and its impacts visible.

No violence against children is justifiable and all violence against children is preventable. With sufficient commitment and investment, creative approaches to prevention can make a difference. Violence can only be ended by supporting parents and caregivers struggling in poverty and adversity, and by changing cultures of masculinity that favour aggressive sexual violence over responsibility, care and respect. Although this takes time, it can be done through a human rights-based approach that is grounded in local realities, is gender-sensitive, and engages a wide range of government, civil society and local communities' stakeholders, as well as children themselves.

Dr. Yulia Privalova Krieger  
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# Summary



## **A solid foundation for better child protection**

Children are our future; they deserve special protection. It is the state's responsibility to ensure their rights are safeguarded and, under the UN Convention on the Rights of the Child, this includes a duty to protect them from sexual assault. Unfortunately, states are not always successful in doing so. Between 20 and 30 percent of all children and adolescents in South Africa have experienced sexual assault at least once. Yet sound data about the actual extent, forms, circumstances and possible consequences of sexual assaults on children and adolescents have been almost impossible to come by until now.

The UBS Optimus Foundation has set itself the goal of changing this and improving the protection of minors against sexual assault sustainably and for the long term. To this end, it launched the Optimus Study, an internationally oriented, large-scale academic project spanning ten years. Representative data about the extent and forms of sexual assault against children and adolescents have now been gathered in three countries in Africa, Asia and Europe, and compared with data from child protection organizations in the relevant country. In this way,

fundamental gaps in the relevant child protection systems are revealed and used to form the basis for the development of effective prevention and intervention strategies.

The UBS Optimus Foundation has worked closely with all significant stakeholders in the field of child protection, providing information for policy makers, child protection practitioners, educators, parents and children and create new platforms for the exchange of information and ideas.

## **Data surveys in Switzerland, China and South Africa**

The Optimus Study series has now been completed with data gathered in China, Switzerland and South Africa. This publication provides an overview of the Optimus Study South Africa. Over 13,600 children aged between 15 and 17 provided information about their experiences of sexual assault, possible consequences they suffered, the context of the incident, the perpetrator and the circumstances of their personal lives. In addition, 37 focus groups with institutions from the field of child protection gave information about cases reported to them. The result is likely the most comprehensive picture to date of the extent

and forms of sexual assault against minors in South Africa.

### **Outcome**

Unfortunately, the assumptions mentioned above are confirmed by experts. Thus the survey of school students revealed that over one third of children admitted to having experienced sexual assault with physical contact at least once in their lives. Many, have in addition, experience sexual assault not just once but time and again. One in ten girls and boys they had already been victims at least four times or more.

### **Risk factors**

Much points to the fact that the parental home and the social environment surrounding adolescents play an important role. Students who are harshly dealt with at home or even mistreated are more likely to become victims of sexual violence. They are more often surrounded by violence-oriented friendship groups and use their free time in contexts that are more likely to give rise to assaults, for example through regular consumption of alcohol and/or drugs or frequent surfing of the internet. Adolescents are more likely to experience sexual assault by people of the same age rather than by

family members – this shocking result emerged from both the school and the agency surveys. Almost half of all the students who had at some point been victims of sexual assault with physical contact said that the perpetrator was a current or former boyfriend/girlfriend or a date.

### **Consequences of sexual abuse**

Victims of sexual assault are more likely to develop subsequent psychological disturbances. In the Optimus Study, signs of posttraumatic stress disorders as well as internalization and externalization problems were measured. Those adolescents who said they had already experienced sexual assault showed above average values on this scale. However, many victims of sexual assault do not seek any professional help. Most of those who wish to talk about what has happened to them turn to friends or family members. Very few contact official assistance centers, doctors or the police.

### **Experts' comments**

Many of the results from the Optimus Study South Africa tally with the personal experiences of specialists who work with children and adolescents every day, be it in schools, in children's hospitals, in

youth work, in offender therapy, in prevention and intervention or in support for abuse victims. For this publication, fifteen of these were asked to comment on the most important results and relate them to their own day-to-day work. Their accounts and opinions illustrate the specific circumstances in which sexual assaults can arise and they give a more profound insight into the concerns and needs of victims, but also those of adolescent sexual offenders. You will find the most important results of the Optimus Study South Africa and the opinions of experts from in the field on the following pages.



# Introduction



# Why are studies on sexual abuse needed?

**Sexual victimisation of children and adolescents is the cause of enormous suffering and considerable health-related costs. Despite this, we know almost nothing about the scope, form and context of sexual victimisation. The Optimus Study is an attempt to shed light on the subject and thus contribute to better protection of children.**

Without nationally representative data, we have no sense of the scale of the problem.

It seems a lifetime ago when a horrific case of a child rape-homicide was reported in the South African news in 1999. Valencia Farmer was a 14-year-old school girl who was gang-raped by six young men. Some of these perpetrators were adolescents. During this attack, Valencia's throat was slit, she was stabbed an additional 50 times, and she was left for dead in a derelict house in the Western Cape Province. Naked and injured, she crawled to the safety of her neighbours. Valencia died a day later in hospital. This heinous incident promoted sexual violence prevention activists to push the South African government to pass a new, more comprehensive Sexual Offences Act, which not only included the definition of new crimes relating to sexual offences and related services for victims of sexual offences, but for a more protective and victim-centred law to support victims through the reporting, investigation and trial processes. This Act was only passed into law 8 years later in 2007. Five years later, in 2013, 17-year-old Anene Booysens was similarly raped, mutilated and left for dead on a construction site in a rural community in the same province. Some argue – and have demonstrated empirically – that the law has done little in practice to shift the re-

alities and experiences of sexual offences victims or to curb the alarming rates of sexual violence and abuse in South Africa.

These cases reflect only the rape-homicides of children that were committed by acquaintances or persons not known to the victims. The chances of a sexual victimisation by someone a child knows well, trusts or is under the care of, are thought to be much higher, but the data on any type of sexual offence against children has not been clear.

Every year in South Africa, between 18,000 and 20,000 child sexual abuse (CSA) cases are reported to the police. In 2013/2014 police statistics documented 18,524 cases of reported CSA: 51 cases every day. The total number of sexual offences cases (including adults and children) reported in the same year was 62,649, with 46,253 of these specifically recorded as rape – but in that year, these statistics were not broken down by age-group, and so it is impossible to know how many of these rapes were of children. In addition, those figures ONLY reflect those sexual assaults reported to the police. Most are not, and estimates of under-reporting range from 1 in 9 to 1 in 13 cases being reported to the police.

Only nationally representative data, gathered directly from young people, can give us reliable estimates of the scale of the problem.

The costs of child sexual abuse are thought to be high on every level: financially, systemically and personally. Financially, if one considers the findings of a 2014 KPMG study on the economic impact of violence against women in South Africa to be between R28.4 billion and R42.4 billion for the 2012/2013 year alone, one can only guess that the economic impact of both emergency and long term child care and protection are manifestly greater than that. From a systemic level, every justice, health and welfare-related department – not to mention non-governmental service providers – are affected by high caseloads, constrained resources and the absence of any operational processes that ensure both integrated and comprehensive child protection and child care services over the short and long term. The personal costs, in terms of mental and physical health problems, and their consequent effects on education and employment, are also high. Yet without nationally representative data, we have no sense of the scale of the problem.

The Optimus Study South Africa provides this nationally representative data, and thus a basis for national planning to improve child protection in South Africa.

**Sexual violence research and data: questions, claims and quandaries**  
Under-reporting of child maltreatment – particularly child sexual abuse – compli-

Table 01: The estimated cost of child abuse and neglect in the USA 2007		
		Estimated Annual Cost (in US \$)
Direct <sup>1</sup>	Hospitalization	6 625 959 263
	Mental Health Care System	1 080 706 049
	Child Welfare Services System	25 361 329 051
	Law Enforcement	33 307 770
Total		33 101 302 133
Indirect <sup>2</sup>	Special Education	2 410 306 242
	Juvenile Delinquency	7 174 814 134
	Mental Health and Health care	67 863 457
	Adult Criminal Justice System	27 979 811 982
	Lost Productivity to Society	33 019 919 544
Total		70 652 715 359
Overall		103 754 017 492
~1% of gross domestic product		
<sup>1</sup> Costs produced by abuse itself		
<sup>2</sup> Costs produced by long-term consequences of abuse		
Source: Wang, C.-T., Holton, J. (2007). Total estimated cost of child abuse and neglect in the United States. Chicago, IL, Prevent Child Abuse America (PCAA)		

cates the study of child maltreatment on a number of obvious levels<sup>1</sup>. Reasons for under-reporting, however, are not only plentiful but are also explicable. There are a range of possible reasons: threats received by or intimidation from perpetrators, cultural practices valuing silence on family matters<sup>2</sup>, the lack of access to the police or other support or protection services, the acceptance of gifts from the perpetrator in exchange for a family's silence, and the child's feelings of shame or guilt about the abuse<sup>3</sup>. Familial beliefs that talking about sex is taboo have also been implicated for low reporting rates<sup>4</sup>.

There are other complexities in researching child sexual abuse and maltreatment. For example, variations in methods that occur across studies make it difficult to identify prevalence rates<sup>5</sup>. Global variations on how sexual offence categories are operationalised or legally defined, what populations or age cohorts are studied, as well as any legal, ethical or regulatory restrictions related to interviewing children, also pose challenges to the study of child sexual abuse and maltreatment.

Official police statistics suffer the same limitations. Aside from under-reporting,

official police statistics are problematic on a number of levels. By example, a case might be reported as one incident of rape, but there may be multiple perpetrators, multiple rapes of the same victim over a period of time by the same perpetrator(s), or the existence of other forms of sexual offences that fall away in reporting practices when the general offence of 'rape' is recorded. In essence, the data focuses on the victim rather the nature and frequency of sexual offences of that victim during any given incident or over time or of the number of acts committed by the offender(s).

### The South African context

Since 1994, the year of political transition from an apartheid to a democratic state, the South Africa government – with the support and technical input of child protection advocacy specialists within the non-governmental sector – has gone some way towards securing the protection of children. Critical reforms have included the overhaul of child protection and sexual offences legislation, as well as the development of criminal justice, health and social development policies and programmes that promote and support relevant interventions, investigations and service provision for children in



need of care and protection. Central to these reforms were new (legal) definitions of what constitutes child sexual abuse and other forms of maltreatment, as well as concomitant laws, regulations and protocols for addressing these abuses.

South Africa's various laws, such as the Domestic Violence Act (116 of 1998), the Criminal Law (Sexual Offences and Related Matters) Amendment Act (32 of 2007) and the Children's Act (38 of 2005), as well other policies and protocols, such as the Service Charter for Victims of Crime in SA (2004), not only unambiguously define the nature of offences that should be criminalised, but provide for a range of mechanisms for



the reporting and management of abuse of and maltreatment against children through positive legal duties prescribed within the substantive law as well as comprehensive regulations. Read together, these laws and regulations support preventative measures to address child abuse and maltreatment.

### How do we compare?

In South Africa no nationally representative study on the extent or impact of child sexual abuse has been conducted prior to the Optimus Study. Estimates of rates vary widely from study to study, depending on the methods and geographical location of the studies. For instance, using a strict criterion of rape (rather than a broader definition of child sexual abuse that includes any unwanted sexual contact), the one national study that was carried out in 1998 found a prevalence rate of 1.6 percent for rape before the age of 15<sup>6</sup>. This very strict criterion, and the low upper age limit, are highly likely to have underestimated the prevalence of child sexual abuse. Another study, using a broader definition of sexual abuse and conducted in a rural area, found prevalences of 39.1 percent (women) and 16.7 percent (men)<sup>7</sup>. A different study on child maltreatment conducted at the

### Comparing rates of sexual victimisation in South Africa to other countries

The frequency, extent and nature of sexual offences in South Africa have gained worldwide attention over the past years, conferring on the country the dubious title of 'rape capital of the world'. This title, however, is difficult to validate. Internationally, comparative statistics of sexual offences are imprecise, as there are notable differences in how sexual offences are defined, not to mention the diverse methods of recording and calculating these data. This also applies to research efforts establishing 'victimisation' rates through population surveys. With regard to the latter, sexual offences are defined and perceived variously as rape, sexual offences, gender-based violence, sexual and gender-based violence (SGBV), intimate and non-intimate partner violence, defilement, sexual assault, and so on. There is also variation with respect to population, most notably regarding what gender(s) and ages are being captured by both official and survey-data collection processes. Another variable hampering easy comparison is the

source of data: some country-level statistics rely only on offences that are reported to the police and are then sent for further investigation, whereas others include cases that are either reported and withdrawn, or are reported, with other actions being taken (mediation or diversion). Finally, statistics are gathered over timeframes that vary from one year to decades, and also vary in respect of geography (city-wide as opposed to national), thereby making them incomparable.

Source: Artz, L. & Mout, K. (in press). Adult sexual offences. In J. Barkhuizen & Beukman, B. (eds), *Contemporary Criminology in South Africa*. Southern Africa: Oxford University Press.

University of the North, found a prevalence rate of 15.2 percent for physical abuse, 25.6 percent for sexual abuse and 26.9 percent for emotional abuse<sup>8</sup>. By contrast, a study in the Northern Province, conducted with secondary school students, found a prevalence rate of 54.3 percent for child sexual abuse<sup>9</sup>.

Research in countries within sub-Saharan Africa also yields varying prevalence rates for child maltreatment. For instance, a study exploring the extent of child sexual abuse among Tanzanian university students reported a prevalence rate of 27.7 percent<sup>10</sup>. On average, the victim was 13.8 years old when the abuse occurred. Similarly, in Zimbabwe, 26 percent of the rape cases reported to the police involved children between 12 and 15 years old. However, this statistic more than doubled (59 percent) for children older than 16 years of age<sup>11</sup>.

In South Africa, particular risk for child maltreatment is also inherent in a poorly functioning police service and criminal justice system<sup>12</sup>. Combined with an overwhelmed social development service, cases of child maltreatment end up unreported, re-prioritised and delayed as a consequence of children's cases deemed

more serious in nature, either un-investigated or abruptly dismissed by the criminal justice process. In most instances, maltreatment is considered a "child welfare" issue and redirected to social development services. Perpetrators of maltreatment are rarely held accountable for their actions and, as a result, children remain vulnerable to further abuse and maltreatment, unchecked by the system.



# Child sexual victimisation: the legal framework

**Child sexual victimisation is defined variously in legal systems throughout the world but generally tends to include any sexual acts, or attempts to obtain sexual acts, from a child – however ‘a child’ is defined in that law – with or without the child’s consent.**

While staying close to the previous formulations of sexual offences in the China and Switzerland studies, the definition of sexual offences – as defined in South Africa’s Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (herein referred to as the Sexual Offences Act) – was the basis of how sexual offences were operationalised in the South African Optimus study.

Sexual offences against children are governed in South Africa by three primary pieces of legislation: (i) the Criminal Law [Sexual Offences and Related Matters] Amendment Act No. 32 of 2007, the Children’s Act No. 38 of 2005 and the Children’s Amendment Act No 41 of 2007. These Acts not only provide detailed definitions of what legally constitutes rape and create a range of sexual offences specifically related to children, but they also set out relevant mechanisms for child protection and support.

The Sexual Offences Act (SOA) defines a “child” as a person under the age of 18 years, or in relation to the offences of statutory rape or statutory sexual assault, a person 12 years or older but under the age of 16 years. The statutory definition

of rape in the 2007 Sexual Offences Act includes all forms of sexual penetration and is gender-neutral, meaning ‘any person’ can commit an act of rape or be raped. Children under the age of 12 are viewed by the Act as incapable of consenting to sex. The Act separates sexual offences into acts of penetrative (rape) and non-penetrative (sexual assault) offences. The definition of sexual penetration considers penetration ‘to any extent whatsoever’ of the genital organs into or beyond the genital organs, anus or mouth of another person to be considered an act of sexual penetration. This means, for instance, that a penis does not have to be inserted more than slightly into or ‘beyond’ these orifices (or be erect for that matter). The definition is also not object-specific, meaning that any other object or body part inserted into (or beyond) the genital organs or anus of another person, also constitutes ‘sexual penetration’. The fact that ‘objects’ are not defined allows for the penetration of any object to be considered when considering an act of sexual penetration. However, unlike penetration by a genital organ, the insertion of an object into the mouth of another person does not constitute sexual penetration. The definition of sexual penetration also ex-

### What is covered by the study?

In this study, we explored whether adolescents had been exposed to coerced (i. e. 'unwanted' or 'by force') and consensual sexual touching, exposure to intimate body parts or pornographic images, sexual harassment, and penetrative and non-penetrative sexual intercourse (actual or attempted) by or with an adult or peers of similar age.

tends to cases where the genital organs of an animal are inserted into or beyond the mouth of another person.

Chapter Two of the Sexual Offences Act sets out the range of offences considered 'sexual offences'. These include: (i) rape; (ii) compelled rape; (iii) sexual assault; (iv) compelled sexual assault; (v) compelled self-sexual assault; (vi) compelling or causing persons 18 years or older to witness sexual offences, sexual acts or self-masturbation; (vii) exposure or display of or causing exposure or display of genital organs, anus or female breasts ('flashing'); (viii) exposure or display of or causing exposure or display of child pornography to persons 18 years or older; (ix) engaging sexual services of persons 18 years or older; (x) incest; (xi) bestiality; and (xii) sexual acts with a corpse.

Section 54 of the Sexual Offences Act is also critical. It provides for the mandatory reporting of sexual offences, stating that any person:

- who has knowledge that a sexual offence has been committed against a child must report such knowledge immediately to a police official. If that person fails to report such knowledge he or she is guilty of an offence and is

liable on conviction to a fine or to imprisonment for a period not exceeding five years or to both a fine and such imprisonment.

- who has knowledge, reasonable belief or suspicion that a sexual offence has been committed against a person who is mentally disabled must report such knowledge, reasonable belief or suspicion immediately to a police official. A person who fails to report such knowledge, reasonable belief or suspicion is guilty of an offence and is liable on conviction to a fine or to imprisonment for a period not exceeding five years or to both a fine and such imprisonment.
- A person who in good faith reports such reasonable belief or suspicion shall not be liable to any civil or criminal proceedings by reason of making such report.

The Children's Act of 2005 also covers reporting of sexual offences against children. For instance, Section 110(1) states that if there is a reasonable suspicion (on the part of particular professionals dealing with a child) that the child is being abused in a way that causes physical injury, sexual abuse or neglect, this must be reported. Persons in this category include a range of professions including



legal practitioners, medical practitioners, traditional and religious leaders, psychologists and social workers, teachers and persons working in care facilities, amongst others. Section 110(2) states that if any person suspects that a child is being abused or in need of care and protection, they must report to a social worker, a designated child protection unit or organisation or to the police. The respondents in this study were made aware of our duty to report sexual offences under these circumstances and were immediately and appropriately referred if the sexual offence(s) had not yet been reported to an authority as defined in these Acts. The Children's Amendment 2007 is more detailed and provides for psychosocial, rehabilitation and therapeutic services for abused children.

There are also a number of other mechanisms for the child protection. The Domestic Violence Act (116 of 1998) for instance, allows a child who is experiencing any form of abuse – whether it is physical, sexual, psychological or emotional (amongst other acts of harm including harassment, intimidation or stalking) – to apply for a protection order. This order can be applied for by the child, a parent or legal guardian, or any other

person with a material interest in the protection of the child.

A person with 'material interest' can include: a counsellor, a health service provider, a member of the South African Police Service, a social worker or a teacher, who has a material interest in the well-being of a complainant (s. 4(3)). This application may also be brought by a child, or someone on behalf of a child, without the assistance of a parent or guardian. Of course, a parent or legal guardian can apply for a protection order on a child's behalf as a main order or as part of an order to protect the parent/legal guardian (for instance, where a parent is applying for a protection order against another parent in a case of domestic violence, the child may be included in the protection order).

### **Child Protection in South Africa**

As set out above, there are a number of professionals who are legally mandated to report abuse to the police or to social workers or to any agency designated by section 31(1) of the Children's Act 2005. Mandated professionals are designated in the Children's Amendment Act 2007, and include a wide range of professionals who may come into contact with chil-

dren (such as correctional services staff, health professionals, and child care workers).

When child abuse and neglect is reported to or identified by a social services agency, a social worker investigates the situation. On the basis of that investigation, there are two possible courses of action: one is to allow the child to remain within the family unit but provide appropriate the family with appropriate support services, while the other is to remove the child from the family to a safe situation. In the latter case, the Children's Commissioner (the magistrate adjudicating at the Children's Court) determines whether a child should be removed from their family, and if so, where they should be sent (the extended family, foster parents, or a children's home, for example). It is also worth mentioning that South Africa has a number of specialised or designated sexual offences courts across the country which were designed not only to improve the processing and management of sexual offences cases and increase conviction rates, but to reduce the secondary trauma of victims throughout the criminal justice process. These specialised sexual offences courts are said to be more 'victim-centred' in their

approach to the prosecution and adjudication of sexual offences matters. In attempting to achieve this, the courts not only have dedicated (and specially trained) sexual offences prosecutors and magistrates, they rely on an integrated service provision model that includes criminal justice, health and social development personnel, as well as legal and psycho-social support services from specialist non-governmental organisations. The court model also emphasizes the safety and comfort of rape complainants and witnesses, such as spaces to testify outside of the court room (via CCTV), the use of intermediaries, as well as waiting areas designed specifically for child victims/witnesses. In addition to these courts, South Africa has approximately 50 medico-legal service centres for victims of rape and other forms of sexual and gender-based violence throughout the country. These are called “Thuthuzela Care Centres” or TCCs, and are typically located within state hospital settings. The TCCs offer a range of services to victims of sexual offences, including acute or emergency medical care, medico-legal examinations of victims, post-exposure prophylaxis (or ‘PEP’) for the prevention of HIV, treatment for sexually transmitted infections, emergency con-

traception and crisis counselling, and referrals to state and non-governmental services that can attend to the more long-term health care needs of victims of sexual offences.

### **Non-governmental service providers to victims of sexual offences**

Child care and protection services in South Africa are also widely delivered by non-governmental organisations (NGOs). The TCC centres described above are also supported by NGOs who provide both emergency and longer-term counselling and support services, as well as services to support child victims through the course process, if cases go to court. Others have been specifically established to provide services to child victims of sexual assault. For instance, the Teddy Bear Clinic, which – while offering similar medico-legal and clinical services as the TCCs for children who have been sexually violated – is more specialised to deal with child victims, and puts a greater emphasis on immediate and longer term therapeutic services to children and their parents or legal guardians.

# Objectives and approach

**The Optimus Study aims to help better protect children and adolescents from sexual violence. The Study has generated knowledge that can be used in a targeted way to improve prevention and intervention strategies in the long-term.**

The overriding aim of the Optimus Study is to reduce the number of victims of sexual victimisation. To do so, the extent of various forms of sexual abuse and their specific circumstances are to be investigated along with risk factors. On this basis child protection efforts can then be improved.

None of this can happen overnight. The Optimus Study is a long-term project which runs for a period of ten years. In an initial phase scientific data will be compiled using a representative survey of school students and a survey among organizations and institutions involved in child protection. This will enable a more detailed insight into the scope, consequences, number of unreported cases and services available in the area of child sexual abuse. To raise awareness of the problem in politics, among the public and in practice, these results are processed and distributed for relevant stakeholders in a manner appropriate for the target group.

In a second phase (cycle 2) discussion should be launched among experts. The creation of new networks and working

groups is crucial here. Using new platforms, stakeholders from politics and practice are to be offered the opportunity to identify the most pressing problems and challenges in the area of child protection, and to develop and carry out appropriate measures in line with an action plan. As part of the Optimus Study, the changes introduced will be recorded and monitored.

The Optimus Study guarantees scientific guidance and places great emphasis on including the greatest possible number of stakeholders from the field of child protection. This is the only way to achieve and demonstrate the effective protection of children and adolescents from sexual abuse.

## International orientation

The focus of the Optimus Study is international. Even though the countless other studies already produced in individual countries are not comparable with one another, the figures are shockingly high everywhere, meaning a frightening number of people have personal experience of sexual abuse. Previously carried out research does highlight one thing very clearly: Abuse is not limited by culture, and children and adolescents are abused



everywhere in the world. The Optimus Study is also an attempt to compare the extent, forms and circumstances of sexual abuse of children and adolescents in various countries. In this way it will ultimately be possible to create a picture of any cultural differences between, for example, the specific characteristics of sexual abuse or the risk factors involved, and thus to develop any specific intervention and prevention measures – for better protection of children and adolescents across the world.

Data has now been compiled in China at the University of Hong Kong (Edward Chan), in Switzerland at the University of Zurich (Ulrich Schnyder, Meichun MohlerKuo, Markus Landolt, Thomas Maier) and in South Africa at the University of Cape Town (Reshma Kassanjee). This publication provides an overview of the most important results of the second cycle of the Optimus Study South Africa.



The ultimate goal is to contribute to targeted interventions and prevention measures for better protection of children and adolescents across the world.



# Details on data collection

**The Optimus study was a three-year study designed specifically to estimate the annual incidence and life-time prevalence of child sexual abuse and maltreatment in South Africa. Child and adolescent 'sexuality' and its development are highly contested both within child development literature and within legal systems world over.**

Of particular concern are vulnerability to sexual victimisation and the capacity of adolescents to understand the sexual, physical and psychological consequences of sexual activity that they engage in, albeit consensually. The 'age of consent' has caused serious dissonance in South Africa, to the extent that it was brought to the attention of the Constitutional Court and, subsequently to Parliament, where the (de)criminalisation of consensual sexual activity between adolescents was intensely scrutinised. In the end, the age of consent remains 16, but the law more clearly decriminalises consensual sexual activity between adolescents of similar ages (12 to 16).

In this study, however, we draw both on existing legal definitions pertaining to sexual offences, and most importantly – on adolescents' own experiences and perceptions of sexual victimisation. This means that adolescents define for themselves how they experienced certain sexual events in their lives. Coercion and consent are therefore defined by the adolescent. Recognising that sex (whether consensual or coerced) and expressions of sexuality are often difficult or embarrassing to discuss with a stranger, the adolescents in this study were also af-

forded the opportunity to complete a self-administered survey where they could more anonymously disclose their sexual experiences

Given that, in South Africa, the prevalence of other forms of child maltreatment are as unknown as the prevalence of child sexual abuse itself, the key research questions employed in the study were designed to elicit empirical data useful for:

- locating child sexual abuse within the context of other forms of maltreatment and violence;
- identifying the extent and the nature of other kinds of child abuse and violence, including physical abuse, emotional abuse, neglect, and exposure to other forms of violence, such as peer victimisation, criminal violence and witnessing violence; and
- exploring the variations in prevalence and dynamics across maltreatment types to improve the understanding of the cross-cultural risk and protective factors.

The study aimed to provide accurate figures for the epidemiology of child sexual abuse in South Africa, and to provide a local evidence base for the development

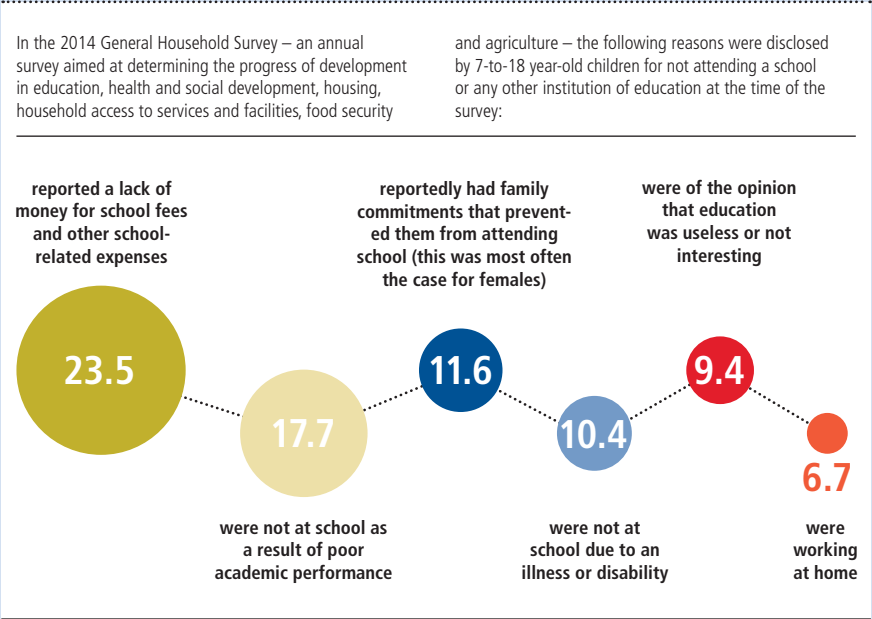
of effective interventions. The entire study was implemented in four discrete stages, some of which were executed concurrently, and commenced toward the end of 2013. The first stage was the project planning stage; the second, a pilot study to test the research design, data collection instruments, and the structure for capturing the completed data; the third, the population survey; and the fourth; the agency study.

To obtain a comprehensive picture of child sexual abuse and maltreatment, the study drew on two data sources: firstly, a population survey that was conducted with a sample of 15 to 17 year old adolescents recruited nationally from schools as well as households, and secondly, an agency component that consisted of in-depth interviews with frontline staff and agency directors servicing the communities or geographical spaces identified through the sampling process for the population survey.

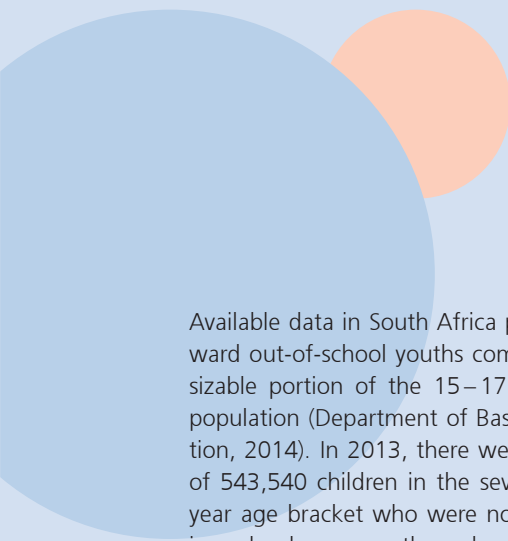
The methods employed in this Optimus Study deviated somewhat from the methods in the earlier studies, in that the location of the data collection for the population survey included both schools and households, rather than schools only.

This decision was taken by the principal investigators primarily to ensure that the views and experiences of out-of-school adolescents were not excluded from this study.

Illustration 01: **Why are 7–18 year olds not attending school?** (in %)



Source: Statistics South Africa (2015). The General Household Survey (GHS) 2014. Accessed at [www.statssa.gov.za/publications/P0318/P03182014.pdf](http://www.statssa.gov.za/publications/P0318/P03182014.pdf)



Available data in South Africa points toward out-of-school youths comprising a sizable portion of the 15–17 year old population (Department of Basic Education, 2014). In 2013, there were a total of 543,540 children in the seven to 18 year age bracket who were not attending school nor any other educational institution. Of these, 430,000 were between the ages of 16 to 18 years (Department of Basic Education, 2014). This is attested to by findings emerging from the General Household Survey (2014), that clearly show an upward trend in the school non-attendance rates for children aged 15 (2.9 percent), 16 (6.4 percent), 17 (8.5 percent) and 18 (27.1 percent) years (Statistics South Africa, 2015). In the write-up of the findings, we don't distinguish between the experiences of school-going and out-of-school youths because the majority (96.6 percent) of participants sampled at the household level, were in fact attending school at the time of the interviews. Only 3.4 percent – or 191 young people – were out-of-school at the time of being interviewed for the study.

For the population survey, the household sampling frame was developed from population data obtained from the 2001 Cen-

sus of South Africa, adjusted according to the Statistics South Africa's 2011 census population numbers and other district council estimates. The sampling was based on a three-stage, probability sample design that included a stratified primary stage sample of census Enumeration Areas (EAs), followed by a second stage sample of dwelling units from each sample EA, and finally a third-stage random sub-selection of a single individual from the eligible age range as a respondent in each selected sample dwelling unit. Schools were clustered according to the enumerator areas identified in the household component of the population survey.

A mapping process of each of the sampled areas were conducted. On Statistics South Africa (SSA) Enumerator Maps, each household in the enumerator area (EA), the randomly selected household for inclusion in the study, as well as key identifying features such as commercial buildings, institutions, geographical features such as rivers or other identifying markers, were clearly indicated. This process assisted in the identification of selected households particularly in informal areas, or rural areas where house numbers or street names are often not present. During this time, the mapping of

existing child protection agencies was also undertaken for the agency component of the Optimus study.

A combination of a face-to-face enumerator-administered questionnaire as well as a much shorter self-administered questionnaire, was used to collect data from young adolescents. Both questionnaires were designed to assess the prevalence of child sexual abuse in the context of other forms of maltreatment, the consequences of maltreatment, and the risk and protective factors thereof. This combination of research tools proved valuable with significant implications for the science and methods to use for future studies on child sexual abuse and maltreatment. While the personal interview method ensured a high response rate with very little missing data, as a result of a well-trained enumerator being able to collect information on sensitive and conceptually difficult items regardless of participants' literacy levels, the self-administered tool ensured higher disclosure rates due to participants being able to respond to the more sensitive questions on his or her own. The greater disclosure in the self-administered questionnaire points to the significance of this research tool in collecting more precise information

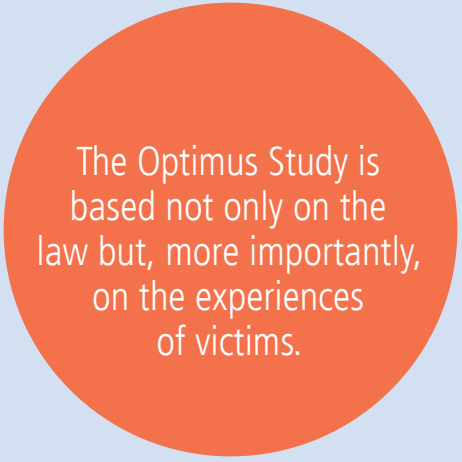
### The importance of interview location

The location of the interviews (i. e. home or school) also seemed to impact on the information disclosed by the participants. Greater disclosure, and as a result, higher prevalence rates for the child sexual abuse and maltreatment variables, were observed for most interviews conducted within schools when compared to the interviews conducted within households. This may suggest that schools provide a more neutral venue for collecting sensitive information about experiences of violence and abuse. In both locations, however, interviewers were instructed to conduct interviews in a private space, where all information was out of sight and earshot of anyone else.

on experiences of abuse and violence amongst adolescents, and in so doing, allowing researchers to obtain a picture that more accurately reflects the true nature and extent of child maltreatment.

The research tools were translated from English into four languages namely: IsiXhosa, IsiZulu, Afrikaans and SeSotho, and back-translated into English to ensure the meaning of the original questions were maintained.

Thorough training was a precursor for effective data collection. All selected enumerators had extensive experience in the administration of questionnaires on matters relating to violence, and victimisation. Many also had extensive experience in undertaking studies with young people on issues of sexual and reproductive health, and were thus used to dealing with sensitive questions. Training of enumerators took place in Johannesburg, Cape Town and Durban over the course of three days in each location. A full day was allocated to the background of the study, subject sensitivity and ethics protocol training, and the remaining two days dedicated to the research instruments and the consent form and referral processes.



The Optimus Study is based not only on the law but, more importantly, on the experiences of victims.

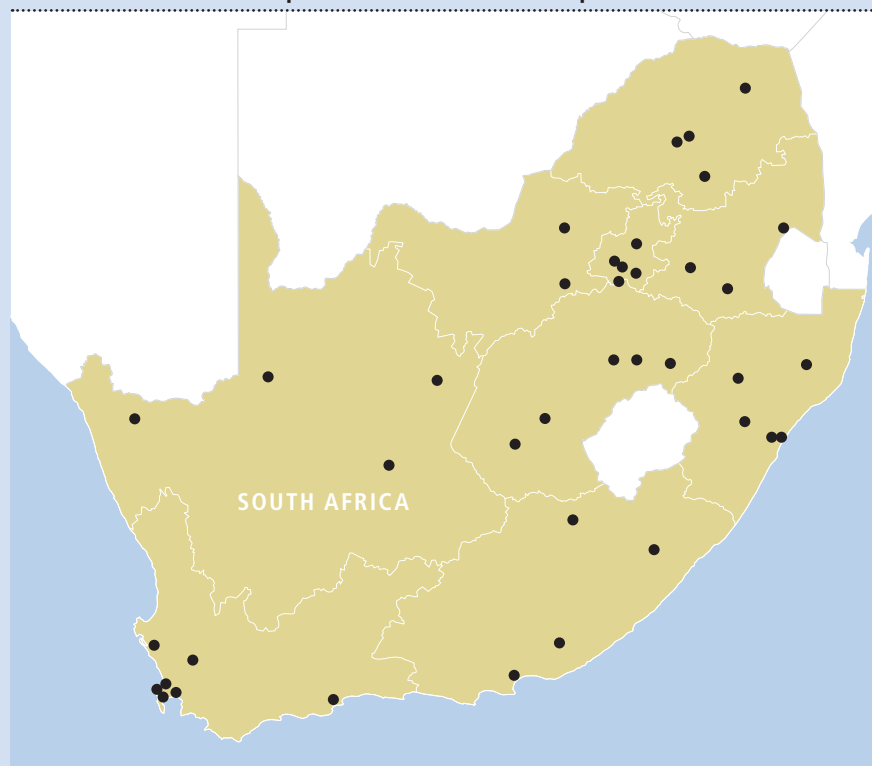
In the household component of the study, informed consent was obtained from parents and informed assent from adolescents before any interview was conducted. In addition to this, all interviews at school were conducted after permission to conduct the research was granted by the national and relevant provincial departments of education, as well as school principals. School principals provided informed consent for the school's component, and again each young person interviewed provided informed assent. A referral process was established that allowed for the reporting of all forms of violence to a relevant child protection agency that were disclosed during the course of the interviews that were current and had not previously been reported to anyone.

Following the training, a two-day field test was conducted in each of the three

training sites. Data collection commenced immediately thereafter. Fieldwork teams were comprised of five members – four enumerators and a team supervisor; with this supervisor-fieldworker ratio allowing for enhanced supervision of the fieldwork process, and in turn, quality of the data collected. Each team was based in their home province, ensuring as far as possible that they were fluent in the vernacular of the area. Senior research staff undertook visits to each team during the data collection phase to ensure no issues were encountered in field. In each province, teams worked on schools and households concurrently.

Data capturing commenced after the first week in field. Questionnaires were captured into Epi-Info and all questionnaires were double-captured. This ensured that capture error was eliminated as far as possible. Validation or cleaning of data as well as analysis was then conducted in SPSS (the Statistical Package for the Social Sciences). Once validated, the final data was weighted to represent the target population as closely as possible. Weights for the household survey were developed at different stages of the sampling to compensate for unequal inclusion probabilities, non-response, and

Illustration 02: **Location of Department of Social Development Offices visited**



### Minimising non-response

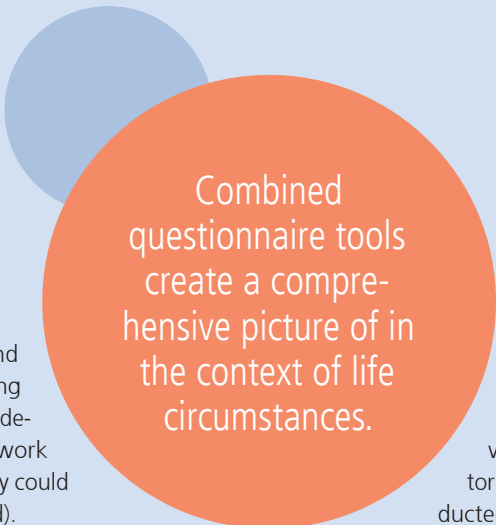
Several measures were employed to ensure that information was obtained from adolescents selected for inclusion in the household sample. Firstly, using the most recent sampling frame for the selection of households to be included in the sample ensured a higher likelihood of finding young people aged 15–17 in the field. Secondly, repeated call-backs were made to households. Fieldworkers were instructed to visit a pre-selected household at least three times when no-one was at home, before dropping that household from the sample. These three visits were done on different days in the week and also at different times of the day.

non-coverage and skewing resulting from the sample design and fieldwork (the school survey could not be weighted).

### The Agency Survey

The agency component of the Optimus Study was conducted parallel to the population survey. For this component of the study, a series of in-depth interviews and focus group discussions were conducted with personnel staff of state and non-state child protection agencies. Researchers focused on agencies that receive, investigate, preside over, provide treatment services, or intervene in sexual offences matters and which are considered registered agencies in relation to the Children's Act.

While there are a range of stakeholders who play a role in child protection, the agencies and staff at the frontline of child protection services, specifically the Department of Social Development (DSD) and other non-governmental child protection agencies, were targeted to participate in this study. Interviews were conducted in every province, although not every district municipality, and a total



Combined questionnaire tools create a comprehensive picture of in the context of life circumstances.

of 37 social worker focus groups, 31 supervisor interviews and two director interviews were conducted. Interviews were also conducted at a number of non-state agencies across five provinces.

The focus group discussions with social workers were generally informal and exploratory. The discussions were guided by six general questions that broadly explored the nature of the participants' experiences in child protection. The goal of these discussions was to obtain a candid sense of how the participants went about doing their work. In-depth interviews, on the other hand, were conducted with social work supervisors and other management level staff, and included many more questions, and were far more prescriptive than the focus group discussions. This allowed the researchers to gather more specific process information about how cases and case information were handled at each particular office. Through these qualitative methods important illustrative stories to enhance the analysis of the population survey results were obtained. Researchers also captured information from relevant case

files where permission to do so was granted.

**How did we measure victimisation?**

In order to explore victimisation among South African children, we used the *Juvenile Victimization Questionnaire (the JVQ)*, developed by David Finkelhor in the USA. This enabled us to explore sexual victimisation in detail, as well as other forms of victimisation – physical abuse, emotional abuse, neglect, exposure to family violence, and victimisation through crime and violence outside the home.

**Forms of sexual victimisation**

Various forms of sexual victimisation were investigated in the Optimus Study. An important distinction was made between sexual assaults involving physical contact and those that did not. In addition, the following distinctions were made:

**Sexual victimisation with physical contact**

- > Without penetration: kissing and touching of intimate parts of the body by the perpetrator or by the victim to
- > With penetration: includes the introduction of objects or the perpetrator's body parts into the vagina, mouth and/or anus of the victim

**Sexual victimisation without physical contact**

Includes indecent exposure, voyeurism, confrontation with pornographic material, verbal sexual innuendos or harassment, sexual acts via electronic media (e.g. disseminating photos featuring nudity or pornographic films, verbal advances in chatrooms or similar).

## How was sexual abuse measured?

In order to investigate the extent and the circumstances of sexual victimisation among adolescents two questionnaire tools were used, namely the Juvenile Victimisation Questionnaire (JVQ) and the Sexual Abuse and Victimisation Questionnaire (SAVQ), developed specifically for the Optimus Study. A total of 22 questions were asked, for example:

### Victimisation with physical contact

- > Did a grown-up you know ever touch your private parts when you didn't want it or make you touch their private parts? Or did a grown-up you know force you to have sex?
- > Now think about kids your age, like from school, a boy friend or girl friend, or even a brother or sister. Did another child or teen ever make you do sexual things?

### Victimisation without physical contact

- > Did anyone ever make you look at their private parts by using force or surprise, or by "flashing" you?
- > Did anyone ever hurt your feelings by saying or writing something sexual about you or your body?
- > Were you ever forced or pressured to undress yourself and to show your genitals to an adult or another kid? Have you ever been forced or urged to look at pornographic pictures, drawings, films, DVDs or magazines (also on a cell phone)?
- > Did someone ever pass on intimate pictures of you to other people or even publish them on the internet?
- > Have you ever been clearly sexually harassed or molested when you were chatting (MSN, Netlog, etc.) or during some other type of internet-based communication?



Questions dealing with sexual victimisation covered two broad areas: sexual victimisation with physical contact, and victimisation without physical contact (which included indecent exposure, exposure to pornographic media, and the like).

Young people who answered “yes” to any of the questions on sexual victimisation were then asked a further series of questions about the circumstances of that assault. They were asked how old they were the first time it happened, and whether the abuse was still continuing. Then they were asked to provide further details about the last incident: about the perpetrator (their relationship to the perpetrator, and the perpetrator’s age and gender); whether their schoolwork had been affected by the incident; who knew about the incident; where the incident took place; whether force or threats were used, whether they were hurt; whether they or the perpetrator had been using drugs or alcohol at the time; whether the perpetrator had power over them, or offered them something (such as food or money) in return; whether this was part of a traditional cultural practice or initiation; and whether or not they had reported the incident.

### Expert Comment

“Knowing what is happening to children is the first step to finding solutions. This study takes us into the secret world of sexual abuse and provides sobering insights into the types of abuse that are happening in South Africa, how prevalent the abuse is and how many children are affected. The statistics are presented in a tangible way. How many children on the school bus are likely to have been abused? How many soccer stadia can we fill with children who have been abused? The stark facts make for difficult but essential reading.”

**Prof. Ann Skelton**  
(BA LLB LLD),

has been a human rights lawyer in South Africa for 25 years, specialising in children’s rights. She was at the forefront of child law reform through the SA Law Reform Commission. Ann is currently the Director of the Centre for Child Law, University of Pretoria. She regularly appears in the courts arguing children’s rights issues. She has published widely both locally and internationally.



# Result 1



# Sexual abuse

**Result 1 >** The true prevalence of sexual abuse in South Africa has been explored and debated for a number of years. In absence of any national data, but with consideration of the existing levels of reporting to the South African Police Service and the Department of Social Development – however underestimated these figures might be – child sexual abuse has been referred to as an ‘epidemic’ and ‘endemic’ in South African society.

High rates of child sexual abuse and exploitation have also been reported in local studies which have found that schools and other contexts of trust and dependency, such as within the family or in the company of another person known to the child, can be high risk environments for child sexual abuse<sup>13</sup>. These studies, however, have been location- and population-specific. Against the backdrop of contested national police statistics, underreporting, and the lack of any nationally representative prevalence data, it is generally accepted that rates based on more localised South African studies are quite possibly either under- or over-estimated.

In 2014, the South African Parliamentary Committee on Social Development reaffirmed the urgency and importance of establishing national prevalence rates of child sexual abuse (CSA). It also specifically expressed concerns about the nature and frequency of CSA in more remote, rural areas in South Africa as well as the need for more substantive data relating to children with disabilities, the link between child sexual abuse and the abuse of substances, and the role of poverty and family destabilisation. The recognition of the need for more accurate

prevalence data by this oversight committee, and their apprehension of the importance of this data for more reliable costing and management of child protection services, is an important base from which to advocate for better resourcing of these services.

## How many young people in South Africa have been subject to some form of sexual abuse?

Recalling that young people were interviewed in both school and household contexts as well as filling out an anonymous self-administered questionnaire (SAQ) after the interviewer-administered questionnaire (IAQ), it is not surprising that self-administered reporting was consistently higher than reporting rates in the interviewer-based questionnaires. In a review of research on reporting errors in surveys which involve sensitive topics, such as drug use, abortion and sexual behaviour, Tourangeau and Yan (2007, p. 859) found that: “misreporting about sensitive topics is quite common and that it is largely situational. The extent of misreporting depends on whether the respondent has anything embarrassing to report and on design features of the survey. The survey evidence also indicates that misreporting on sensitive topics



is a more or less motivated process in which respondents edit the information they report to avoid embarrassing themselves in the presence of an interviewer or to avoid repercussions from third parties”.

They also explain that intrusiveness and the threat of disclosure, as well as sensitivity and social desirability (the extent to which a question elicits answers that are socially unacceptable or socially undesirable) are pertinent to whether a survey question is considered ‘sensitive’ to a survey respondent and argue that self-administration of sensitive questions appears to improve the quality of reports, particularly those involving sexual behaviours or experiences. Given the anonymity of the SAQs, we consider the prevalence rates from the SAQs to be more reliable than IAQ prevalence rates of sexual abuse. The young people in this study were not only offered the opportunity to ask questions of clarification in the initial IAQ, but were assured of privacy (and anonymity) when filling out the SAQ, which was submitted to the interviewers in a sealed envelope. However, the SAQ was very short, and the IAQ provided a great deal more in-depth data. For that reason, we present data from both the SAQs and the IAQs in this report.



### Defining ‘any sexual abuse’

There are countless definitions of sexual abuse in the global literature, which are either legally dependent or framed, based on set international norms or constructions, or are derived from the qualitatively determined experiences of sexual abuse survivors. The young people in this study were asked a series of questions about their exposure to and experiences of several forms of sexual abuse, using the following questions:

- > Did a grown-up (adult) you know touch your private parts when they shouldn’t have or make you touch their private parts or force you to have sex?
- > Did a grow-up (adults) you did not know touch your private parts when they shouldn’t have, make you touch their private parts or force you to have sex?
- > (Now think about kids your age, like from school, a boyfriend or girlfriend, or even a brother or sister). Did another child or teen make you do sexual things against your will?
- > Did anyone try to force you to have sex that is sexual intercourse of any kind, even if it didn’t happen?
- > Did anyone make you look at their private parts by using force or surprise, force you to watch them masturbate, view nude pictures or pornographic videos (pictures and videos about sex) or by “flashing” you?
- > Did anyone hurt your feelings by saying or writing something sexual about you or your body?
- > Other than any previous incidents you may have already mentioned, at any time in your life, did you do sexual things with anyone 18 or older, even things you both wanted?

**Ms Musa Ngcobo-Mbere**

is a long-time advocate for children's rights and protection in South Africa, and has been integrally involved in the promoting of research into child abuse within government. She was the Director for Child Protection at the National Department of Social Development for much of the duration of the study, and has recently been appointed Chief Director for Early Childhood Development.

**The prevalence of sexual abuse in South Africa**

The findings from this South African study show that sexual abuse of children and adolescents is widespread and possibly worse than previously estimated. Of the 4086 young people interviewed in the schools' study (IAQ), 16.8 percent (or 685 young people) reported experiencing some form of sexual abuse. However, of those same young people who filled out the SAQ (a total of 3949 young people), 35.4 percent (or 1399 children and adolescents) reported some form of sexual abuse. There is a stark 18.6 percent difference between reporting rates in the IAQ and SAQ. Of the 5631 young people interviewed in the household survey (IAQ),

14.6 percent reported some form of sexual abuse. This would mean that within the general population of children and adolescents (between the ages of 15–7), 454,051 have experienced some form of sexual abuse. This also lies in contrast to the household SAQ where 26.3 percent reported experiencing some form of abuse (or 784,967 of the youth population).

That over one third of South African young people reported having been exposed to some form of sexual abuse is certainly cause for concern. Acknowledging the wide range and features of classroom environments in South Africa, if one was to estimate an average class size of 40 children, approximately 12 of those children would have experienced some form of child abuse or maltreatment. The impact of sexual abuse is well documented, particularly in relation to how it can affect learning, social and emotional development and the general health and well-being of children. The enormity of these impacts on the education system not only has consequences for the classroom environment, but raises questions about school preparedness to manage to the impacts of sexual abuse within the learning context.

### Who is affected more, boys or girls? And where is sexual abuse more prevalent, in urban or rural areas?

Previous national prevalence studies, like the Optimus Study Switzerland, found large differences in the reporting of sexual abuse between boys and girls, with girls being significantly more likely to have experienced sexual abuse over the course of their lifetimes. These differences were not as stark in this South African study. In fact, drawing on the school SAQ, boys were more likely to report any form of sexual abuse in both rural and urban areas: 36.8 percent of boys, and 33.9 percent of girls, reported experiencing some form of sexual abuse. Breaking this down into urban and rural populations, 36.4 percent of urban females (a total of 509 females) and 27.2 percent of rural females (or 137 rural females) reported that that had experienced some form of sexual abuse. Male reporting was slightly higher, with 38.8 percent of urban males (a total of 567) and 31.7 percent of rural males (a total of 186) reporting some form of sexual abuse.



The household SAQ, however, showed considerably lower overall reporting rates of sexual abuse and, in contrast to the schools SAQ, showed slightly higher levels of females reporting abuse: 27.6 percent of girls and 25.2 percent of boys reported experiencing some form of sexual abuse. Breaking this down into urban and rural populations, 27.2 percent of urban females and 28.4 percent of rural females reported that that had experienced some form of sexual abuse. Again, male reporting was not significantly different, with 24.8 percent of urban males and 25.7 percent of rural males (a total of 186) reporting some form of sexual abuse. The national prevalence rate for the household (weighted) sample indicates that 784,967 children in South Africa have experienced some form of sexual abuse. Of these, 470,848 are in urban areas and 314,119 in rural areas.

### Boys are also at risk

Apart from the high overall levels of sexual abuse reported by children and adolescents, the extent to which boys are



### The most important facts in brief

One in three South African children have experienced some form of sexual abuse:

- > There are 53 million people in South Africa. 18.6 million are children under the age of 18. Children therefore constitute 35 percent of the total South African population.
- > Of these children, 784,967 (between the ages of 15–17) have experienced some form of sexual abuse. That is almost the population of Port Elizabeth and almost double the population of Bloemfontein.
- > It is also the equivalent of filling up Johannesburg's Soccer City Stadium 8 times over and the Cape Town Stadium 14 times over.
- > 12 abused children may be sitting your child's classroom and 20 will be sitting in an average school bus.



reporting experiences with sexual abuse, is worth comment. Previous research has almost unfailingly underscored the particular vulnerability of young girls to sexual abuse. The findings from this national prevalence study indicates that boys and girls are equally vulnerable to some form of sexual abuse over the course of their lifetimes, although those forms tend to be different for boys and for girls. From both prevention and intervention perspectives, the inclusion of boys in the conceptualisation and operationalisation of reporting and investigation practices, psycho-social support services, and health and legal responses, is critical. While the emphasis of these child protection protocols have been mindful of boys as victims of sexual abuse, there is some way to go to ensuring that responses by policing, prosecutorial, health (medico-legal, forensic and clinical services) and social development agencies are familiar with the differential psychological, physical and social impact(s) of child abuse of boys.

**Reporting of sexual abuse by boys:  
actual increase in prevalence or  
improved detection measures?**

Reflecting on similarly situated countries in Africa, child victimisation studies tend to show high levels of violence against boys

and girls, but do not show consistent trends of the prevalence of victimisation by gender across countries. By example, a 2013 'Violence against Children and Young Women National Survey' in Malawi, found that over half of females and approximately 70 percent of males aged 13 to 24 years experienced some form of violence prior to age 18. One in five girls (21.8 percent) reported having experienced sexual abuse prior to the age of 18, with two thirds (68.4 percent) of victims experiencing multiple incidents of sexual abuse. Of the males aged 18–24, 1 in 7 (14.8 percent) reported having experienced sexual abuse prior to the age of 18, with three quarters (74.4 percent) of victims experiencing multiple incidents of sexual abuse over their lifetime. Here, boys were less likely to report having experienced sexual abuse, but if they did, they were more likely to experience multiple exposures to it.

These gender disparities – lifetime exposures to sexual abuse – are similar to the 'National Baseline Survey on Life Experiences of Adolescents' in Zimbabwe (2011) which reported that 32.5 percent of females (18–24 years old) experienced sexual violence prior to age 18 and 8.9 percent of males (18–24 years old) expe-

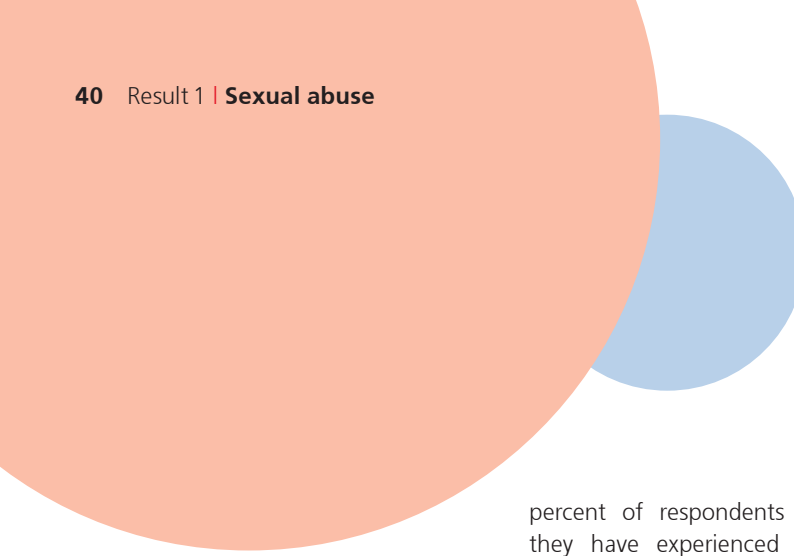


rienced sexual violence prior to age 18. Females also reported to be more likely to experience child sexual abuse in Kenya. In a 'Violence against Children in Kenya 2010 National Survey' the prevalence of females (18–24 years old) who experienced sexual abuse before age 18 was 31.9 percent and males (18–24 years old) who experienced sexual abuse before age 18 was 17.5 percent. Among the same aged females, 76 percent experienced at least one type of violence (sexual, physical or emotional) prior to age 18 and nearly 80 percent of boys experienced at least one type of violence prior to age 18. It was also reported in this Kenyan study that sexual violence rarely occurred in isolation (only 5.5 percent of females and 0.9 percent of males experienced sexual violence in childhood without reporting physical or emotional violence). In a national household survey of 13–24 year-old females and males, the 'Tanzania Violence Against Children Study (Tanzania VACS)' reported that 27.9 percent of females and 13.4 percent of males aged 13 to 24 experienced at least one incident of sexual violence before the age of 18. This study further reported that "females and males who experienced sexual violence also tended to report exposure to physical and emo-

tional violence. More than 8 in 10 females and males aged 13 to 24 years who experienced sexual violence prior to age 18, also experienced physical violence prior to age 18. More than 4 in 10 females and 1 in 2 males who experienced childhood sexual violence also experienced emotional violence prior to age 18" (p. 2).

By contrast, looking towards the Middle East, a study in Jordan has found that boys are more likely to be victims of sexual abuse. Through a retrospective case-series study of reports of sexual offences that were referred to the Forensic Medicine Teaching Center of North of Jordan, Shotar et al. (2015) found that 53 percent of the cases were male victims. Male children were more frequently assaulted by a stranger than were female victims, with boys being more exposed to indecent assault and girls more exposed to sexual assault (rape). This again lies in stark contrast to South East Asia where a 2004 Cambodian study by the Ministry of Education, UNICEF and UNESCO found that 51.2 percent of girls and 1.9 percent of boys reported ever having been 'forced to have sex'. BRICS countries such as Brazil have found child sexual abuse at rates of 5.6 percent among girls and 1.6 percent among boys<sup>14</sup>, while in India, 53.22





percent of respondents reported that they have experienced one or more forms of sexual abuse, of which 52.94 percent were boys and 47.06 percent were girls<sup>15</sup>.

Research design(s), operational definitions of sexual abuse, data gathering methods, sampling frameworks, as well as the socio-cultural contexts in which sexual abuse disclosures occur, can all have an impact on prevalence rates. By example, in some contexts, like South Africa for instance, the legal definition of rape lost its 'gender and orifice specific' elements with the enactment of new sexual offences legislation only 10 years ago (2007); rape and other forms of penetrative/non-penetrative sexual offences against men and by women are now criminalised as rape and other more serious forms of sexual violation. Previously these offences would have constituted a lesser charge of 'indecent assault'. Had this study taken place prior to the new law on rape and, in order to be contextually and legally relevant, had utilised the definitions of rape in the existing laws and allied child protection definitions of sexual abuse, we may have seen lower reporting rates from boys due to a lack of (respondent) awareness and understand-

ing about what can constitute sexual victimisation in this context. As children, child protection practitioners and research methods become more sensitive to the different forms of child abuse and sexual exploitation, we may find prevalence rates of boys exposed to these abuses increase over time.

What seems more and more apparent is that there are certain study methods and social contexts that elicit higher rates of reporting of sexual abuse against boys than has been generally expected in these studies. The gender of a child, namely being female, has long been associated as a vulnerability or risk factor for sexual abuse and other forms of child maltreatment. However, child abuse studies are increasingly showing higher reporting levels of victimisation of boys, particularly younger, pre-adolescent boys. This does not mean that the sexual victimisation of boys is necessarily increasing, but increased reporting rates may instead indicate that public awareness campaigns, children protection measures, official crime recording procedures, opportunities for disclosure as well as more sensitive methodologies are starting to reveal higher prevalence rates that previously reported.

**Types and degrees of sexual abuse: what have young South Africans experienced?**

We now know that child sexual abuse is much more widespread in South Africa than previously speculated. One in three children have had some experience of some form of sexual abuse in South Africa. Our definition of any form of sexual abuse was highly inclusive, but well within the range of abuses defined within existing sexual offences laws, not to mention within the realm of abuses that children and adolescents have thought to be sexually intimidating, abusive or exploitative in previous studies.

Despite previous attempts, it is remarkably difficult to 'grade' sexual abuse in terms of its impact and perceived severity. One person might consider a threat of rape (no-contact) more severe than being physically touched, for instance, on the backside without consent (contact), while another might find such physical contact more intimidating than a threat of rape. The difference is highly subjective and situational. There is a range of factors which influence the degree to which one might experience no-contact and contact sexual abuse as more or less threatening or abusive: any previous per-

sonal history with the person committing the act (and the perceived likelihood of a sexual offence being committed); personal, social, cultural or religious norms surrounding the appropriateness or acceptability of such behaviour; the relationship dynamics of the parties, including whether one has any authority or influence over the other; the perceived manifestation of the incident (whether an uninvited touch will result in further or 'more serious' sexual abuse or not); and the extent to which the person experiencing the contact/no-contact sexual abuse incident sees themselves as empowered or disempowered to handle the incident. Of course, there are other individual, structural and social factors that could be added to this list of factors.

It may be important to mention that the South African Sexual Offences Act (2007) is also sensitive to the varying types and degrees of sexual offences. While it does separate sexual offences into acts of penetrative (rape) and non-penetrative (sexual assault) behaviour, the definition of sexual penetration refers to penetration 'to any extent whatsoever'

**1/10**

young people have experienced sexual touching by a known or unknown adult in their lifetime.



**One fifth**  
of young people who  
have been sexually  
abused have experienced  
**some form** of sexual  
harassment 4 or more  
times.

of the genital organs into or beyond the genital organs, anus or mouth of another person. The definition of rape and sexual assault both require non-consent. In defining non-consent, it establishes conditions where consent cannot be given. By example, coercion is not limited to force or threat of rape (or of other sexual offences), but includes a variety of other subtle influences and factors that negate consent, including threats or intimidation. A mere threat of harm is enough to satisfy the courts that coercion has taken place. The use of the term "harm" is probably the most important feature of this definition as it allows for a semblance of subjectivity in relation to the complainants perceived risk of harm.

While we separate some of our findings between 'sexual abuse with contact' and 'sexual abuse with no contact' we are mindful that: (a) the line between the two types of abuses is to some extent artificial when taking into consideration individual perceptions of the gravity of abuses; and (b) the perceived

seriousness of these abuses is respondent-dependent.

### **Abuse with contact, by an adult without consent**

There were two questions which specifically dealt with contact abuse (with an adult without consent) in the SAQ:

1. At any time in your life, did a grown-up you know touch your private parts when they shouldn't have or make you touch their private parts?; and
2. At any time in your life, did a grown-up you did not know touch your private parts when they shouldn't have, make you touch their private parts or force you to have sex?

These forms of abuse were combined to establish the prevalence of young people who have been touched, or were forced to touch, an adult without the child's consent.

The schools SAQ produced an 11.3 percent prevalence rate of young people who had experienced sexual touching by a known or unknown adult in their lifetime, while in the household SAQ the prevalence rate was 7.2 percent. The rates were almost equal for boys (10.6 percent) and girls (12 percent) in the

schools SAQ. Urban and rural rates were also similar: 11.2 percent (urban) and 11.5 percent (rural). There was little notable difference in rates between boys and girls in either urban or rural areas (girls were more likely to experience abuse, but the prevalence rates compared to boys was just over 2 percent).

### **Adults they know and adults they don't: unwanted sexual contact**

When asked whether "At any time in your life, did a grown-up you know touch your private parts when they shouldn't have or make you touch their private parts?", young people reported the following:

- 8.2 percent from the schools SAQ reported that known adult sexual abuse had occurred. This was reported by 9.1 percent of females and 7.5 percent of males. There were no significant differences in reporting this form of abuse between urban and rural areas.
- This means that 154,217 15–17 year old children and adolescents had ever experienced unwanted sexual contact from an adult known to them.

When asked "At any time in your life, did a grown-up you did not know touch your private parts when they shouldn't

have, make you touch their private parts or force you to have sex?", young people reported the following:

- 5.5 percent from the schools SAQ reported that sexual abuse perpetrated by an unknown adult had occurred. This was reported by 5.9 percent of females and 5.1 percent of males. Urban and rural areas experienced slight variations with 6.0 percent prevalence rates in rural areas and 5.3 percent in urban areas, with rural males and females reporting exactly equal exposure to unknown adult sexual abuse (6.0 percent).
- This means that a total of 104,441 children and adolescents between the ages of 15 and 17 years had ever experienced unwanted sexual contact from an unknown adult.

### **Other forms of sexual abuse and maltreatment**

Separating adult sexual abuse of young people from other forms of sexual abuse, we asked young people about sexual experiences with peers and 'others' (both non-consent) and sexual contact with those over 18 (with or without consent). The four key questions follow:

1. (Now think about kids your age, like from school, a boyfriend or girlfriend,

# 1/5

young people who had experienced sexual abuse by a known adult, had this experience more than once.

- or even a brother or sister). Did another child or teen make you do sexual things against your will?
2. Did anyone try to force you to have sex that is sexual intercourse of any kind, even if it didn't happen?
  3. Did anyone make you look at their private parts by using force or surprise, force you to watch them masturbate, view nude pictures or pornographic videos (pictures and videos about sex) or by "flashing" you?
  4. Other than any previous incidents you may have already mentioned, at any time in your life, did you do sexual things with anyone 18 or older, even things you both wanted?

When these four types of abuse are analysed together as other forms of sexual abuse, the overall prevalence rate is 32.7 percent. The prevalence rate for boys (34.8 percent) experiencing these forms of abuse is higher than it is for girls (30.4 percent). There are also distinct urban and rural differences with a 34.9 percent prevalence rate in urban areas and a 26.9 percent rate in rural areas.

When these four types of abuse are analysed separately, we see stark gender and geographical area differences with these

experiences. We have presented the findings in two ways: (i) prevalence rates by gender and by area; and (ii) prevalence rates by urban or rural male and urban or rural female.

Here one can see the significantly different prevalence rates between boys (10.9 percent) and girls (7.8 percent) in their experiences with other children making them do sexual things against their will. By contrast girls are more likely to be forced to have sexual intercourse (14.5 percent) than boys (9.1 percent). While doing sexual things with anyone 18 or older – with or without consent – is almost equal between boys and girls (15.8 percent and 15.5 percent respectively), we see a remarkable difference between boys (17.6 percent) and girls (7.8 percent) who are forced to look at someone's private parts, forced to watch them masturbate, or to view nude pictures or pornographic videos.

Rural males (10.6 percent) experienced much higher levels of other children making them do sexual things against their will than girls (6.0 percent), yet half again more girls reported experiencing someone trying to force them to have sexual intercourse. Both urban and rural

boys were twice as likely to be forced to look at someone's private parts, forced to watch them masturbate, or to view nude pictures or pornographic videos.

### How often does this happen?

Experiences of sexual abuse are often not defined by one incident. In fact, many young people are exposed to abuse over the course of their lifetime (lifetime prevalence). Lifetime prevalence of abuse might involve abuse by the same person over a period of years or by a number of different people in different contexts. We often think about child abuse as something committed by a single person, a once-off event or by an adult, but the types of sexual abuse experienced are likely to change over the course of a lifetime. A child may, for instance, experience sexual touching by an uncle at the age of 5, sexual harassment at the age of 12 by peers, made to engage in sexual touching with a boyfriend at the age of 15, and being forced to have sex with someone older than her at the age of 17. Alternatively, a child may be subject to ongoing sexual abuse by the same adult over the course of his lifetime.

We therefore asked young people about how many times certain acts of sexual

abuse happened during the course of their lifetime, and in the past year, in order to determine the extent (vs. just the type) of sexual exposure.

These findings illustrate that while sexual abuse is slightly more likely to occur once in a young person's lifetime, there is a strong probability that it occurs more than once (40 percent of the time). It is worth noting that 1 in 10 children who have experienced sexual abuse by a known adult, had this experience four or more times, with approximately 30 percent indicating that this occurred between two and three times.

The young people in this study were also asked whether they had experienced an incident of sexual abuse in the last year. The number of cases in the last year provides an estimate of how many cases agencies could expect to handle, if every case were reported to them. In the schools IAQ, 13.2 percent of young people reported an incident of sexual abuse in the last year.

The findings from Result 1 tell us that child sexual abuse is persistent over the course of children's lifetimes and regret-



# 1/2

of young people who experienced sexual abuse by another child or adolescent reported this occurring more than one time.

tably present in their everyday adolescent lives. The overall prevalence rates provided here are comparatively high in relation to other available prevalence studies, but it is difficult to assess whether these rates would be considered surprising in the South

African context or not. In a country where some 60,000 sexual offences are reported to the police annually and with a murder rate of 17,000 per annum (almost 50 murders a day), South Africa is considered to be one of the most violent countries in the world. It is context beleaguered by a violent past, high poverty rates, static inequalities and diminishing confidence in governance structures. While levels of inter-

personal violence have always been alarmingly high, the ongoing and pervasive abuse and exploitation of children and youth by people they know and who care for, educate and are trusted by them, is most disturbing, even within this complex socio-political context. ■



2/3

of young people who reported having been sexually abused, had a sexual experience with an adult more than one time.



# "Young perpetrators of sexual violence are sometimes victims of abuse themselves"

## Jillian Butterworth

is a clinical psychologist, who works primarily in the field of sexual violence with both child and adult survivors and perpetrators of sexual violence, primarily in private practice, but also with sexual violence NGOs and the criminal justice sector. Her work includes individual therapy, group therapy, workshops and professional practice training. She also regularly conducts forensic assessments of adolescent and adult sexual offenders for the South African courts.

She has a Masters in Clinical Psychology from the University of Western Cape. She is the current chairperson of SASHA (the Southern African Sexual Health Association) Western Cape.

## Expert Discussion

"The prevalence rate of child sexual abuse in South Africa is certainly something to be concerned about. However, we tend to think about sexual abuse that is something that happens to someone or by someone, as though they are separate phenomena, which is not always the case. Young perpetrators of sexual abuse are sometimes victims of sexual, physical or psychological abuse themselves. Some refer to this as the cycle of abuse, where a child (or in later years as an adult) plays out their abuse experiences on another child. This abusive behaviour may be done either deliberately or as an uncalculated expression of inappropriate sexualised behaviour. Frotteurism, a paraphilia that describes the sexual 'rubbing up' against a (non-consenting) person for sexual pleasure is an example of a sexual behaviour which may be either a child's deliberate act of sexual victimisation or their exhibiting of an inappropriate sexual behaviour. Of course, the end result is the same: a distressing sexual violation of another child. I have seen this in my practice, where girls have reported coming home from school after taking public transport with semen on the back of their school uniforms.

This is not to suggest that being sexually abused as a child causes sexual offending as many of those who have been abused do not become perpetrators of sexual abuse at all. It is simply a factor to consider when exploring risk factors and other antecedents of sexual offending. What is often important here is the 'gender factor'. Boys are more likely to externalise this abuse by victimising others – and this is not restricted to sexual offending, it can include other forms of victimising behaviour such as bullying or aggressive behaviour – while girls who have been sexual abused tend to internalise this behaviour, engaging in activities that are harmful to themselves such as risky sexual behaviour or substance abuse. They are also prone to anxiety and depression.

There is also a possibility that despite every effort to ensure a sensitive interview environment and the administration of an anonymous survey that even the rates in this study are underreported. We know from both research and practice that many people, both adults and children, do not recall sexual abuse or do not label their experiences of coercive sexual contact as abusive. This might be a result of a number of factors including suppres-

sion of the experience or 'motivated forgetting', which may occur consciously or unconsciously. Similarly, some childhood and adolescent sexual experiences, while generally defined as abusive, could have initiated (age) inappropriate sexual contact as part of normal sexual development and do not experience this as a sexually traumatising event. In some cases, children may get 'switched on' too soon because they are affected by adult sexuality and behave in ways that they do not fully understand. This need not be a sexually abusive experience, but may be as a result of exposure to pornography or inappropriate adult role models. We need to be careful not to criminalise, negatively sanction or create moral panic about sexual development. Children may be unaware that their sexual behaviours and interactions are in fact considered abusive in adult or even legal terms. Our response(s) to this behaviour is important to the healthy sexual development of children, both those who have engaged in sexual acts on the basis of sexual curiosity as well as to those who have committed more coercive sexual acts with another child or adolescent." ■

## Result 2



# What about other forms of violence?

**Result 2 >** Often different forms of exposure to violence co-occur. For that reason, we also explored the prevalence of physical and emotional abuse, neglect, exposure to other forms of family violence, and other forms of victimisation.



Child neglect is defined by the World Health Organization as including “both isolated incidents, as well as a pattern of failure over time on the part of a parent or other family member to provide for the development and well-being of the child – where the parent is in a position to do so – in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions”. One of

the key parts of the definition of child neglect is that it occurs in a context where parents ARE able to provide for their children, but choose not to do so. Parents who are living in poverty and who cannot provide adequate food or health care (for instance) for their children are thus NOT considered neglectful. This is an important point in South Africa particularly, where, in 2012, more than 10 million children lived in extreme poverty.

Neglect has consequences for children that are as serious as any other form of child maltreatment. Children who have been neglected are more likely to be ag-

gressive, or depressed and anxious, than those who have not been maltreated in any way and more likely to have delays in cognitive and emotional development than children who have been physically maltreated or not maltreated at all. As adults, children who have been neglected are more likely to misuse substances, have mental health illness, to use social services, and to be violent.

In this study, we explored five different kinds of physical neglect:

1. Whether the respondent had ever had to look after him- or herself because a parent drank too much alcohol, took drugs, or wouldn't get out of bed.
2. Whether the respondent had ever had to go looking for a parent because the parent left him/her alone, or with brothers or sisters, and s/he did not know where the parent was.
3. Whether their parents had ever had people around or over at the house, whom the respondent was afraid to be around.
4. Whether the respondent had ever had to live in a home that was broken down, unsafe or unhealthy. We attempted to differentiate this from poverty, as the question offered examples to respondents of what this



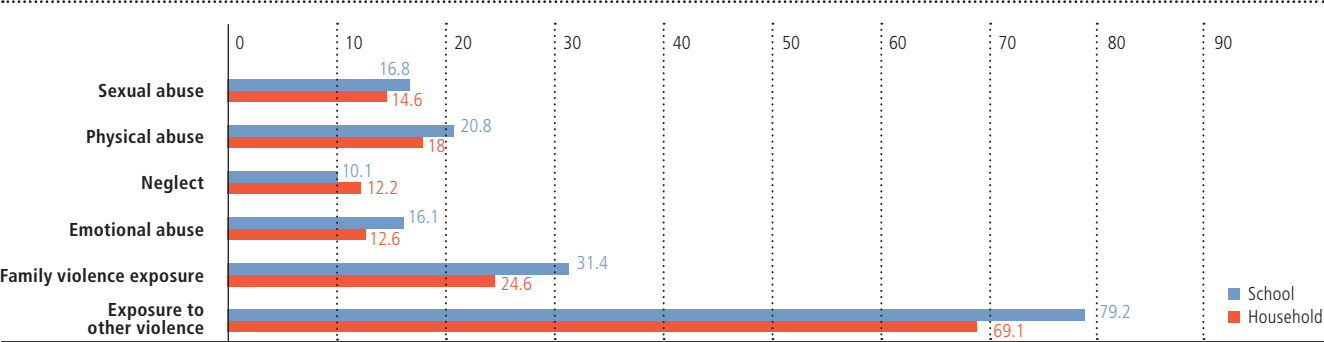
meant: so we asked the question with the following clarification: “For example, it (your home) had stairs, toilets or sinks that didn’t work, trash piled up, and things like that?”

5. Whether there was ever a time when his/her parents did not care if s/he was clean, wore clean clothes, or brushed teeth or hair.

All five were explored in the main questionnaire, where respondents were interviewed by a fieldworker; only questions 3 and 4 were asked in the self-administered questionnaire.

Physical abuse is defined by the World Health Organization as “the intentional use of physical force against a child that results in – or has a high likelihood of resulting in – harm for the child’s health, survival, development or dignity”, and they note that much physical violence against children in the home is intended to discipline children. The World Health Organization notes that emotional abuse has “a high probability of damaging the child’s physical or mental health, or its physical, mental, spiritual, moral or social development”. In this study, we asked about one possible form of emotional

Table 02: Exposure to non-sexual forms of maltreatment and violence (in %)



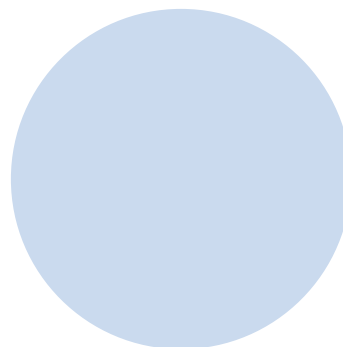
abuse: "At any time in your life, did you get scared or feel really bad because grown-ups (adults) in your life called you names, said mean things to you, or said they didn't want you?"

Since the interviewer-administered questionnaires contain the most data in these areas, we report only the data from the two school and household IQs.

In these contexts, learners reported far higher levels of exposure to violence and crime outside the home, than any other form of maltreatment or exposure to violence. Three in ten students interviewed at school reported exposure to family violence, and one in five reported having been hit, beaten or kicked by an adult.

Using the schools data (where we consistently had higher levels of reporting, and the data is therefore more likely to be accurate), physical abuse, neglect, exposure to family violence and other forms of crime and violence in the community, were all significantly associated with sexual abuse. Girls were more likely than boys to predict sexual abuse, and for girls (but not for boys) there was a strong relationship between emotional and sexual abuse.

There is a cluster of risk that is associated with sexual abuse: young people who have been sexually abused are more likely to have experienced other forms of abuse or exposure to violence; and conversely, young people who have experienced a non-sexual form of child maltreatment are also highly likely to have experienced other forms of abuse, neglect, or exposure to violence. ■



## Result 3



# Who are the victims?

**Result 3 >** All children and adolescents are vulnerable to sexual abuse and victimisation to varying degrees. However, previous research has shown that the risk of sexual abuse and victimisation varies according to a number of personal, familial, and environmental characteristics. For this reason, we explored the association between a number of known risk factors for abuse and the way they relate to the experience of sexual abuse in the South African context.

In contrast to previous research in South Africa and some research internationally, our study found boys and girls to be at equal risk of sexual abuse, although this depended on the form of abuse.

Vulnerability to abuse has been found in previous studies to depend on the child's age, with a child's risk for being a victim of sexual abuse rising as he or she approaches puberty and reaching its peak during the teenage years. Therefore, as part of this study we asked respondents who had been abused, at what age the abuse first occurred. Our results show that the average age of first abuse for both genders was 14.4, with the majority of incidents occurring between the ages of 14 and 16, thus largely concurring with the findings of previous studies. However, for a small percentage of our respondents the age at first abuse was reported as being much earlier, with some as young as one or two years old, for boys and girls respectively.

Disability is known to increase a child's vulnerability to all forms of abuse, including sexual abuse. Reasons posited for this by social workers and other respondents to the agency survey include that, depending on their disability, they make

for easier targets, and that they are often less able to report abuse as well as an able child might (for example if they were blind and had no way of identifying a stranger). If they are mentally disabled they may even be unable to identify the abuse as harmful or unable to express how they were harmed. In addition, parents of children with disabilities, who can become quickly overwhelmed by the responsibility, may not be able to provide adequate protection. Finally, the social isolation often experienced by children with disabilities may cause them to respond positively toward the attention they receive from a sexual offender. For this reason, as part of our surveys we asked young people a series of questions relating to their perceived difficulty with a range of activities (seeing; hearing; walking or climbing steps; remembering or concentrating; self-care; and communicating or being understood), and whether they considered themselves to be disabled or not.

Examining whether having some form of disability was associated with a higher risk of having been abused, widely varying results were found between the household survey and the school survey. In the household survey children with a





disability of both genders were found to be 78 percent more likely to have experienced some form of sexual abuse. In the school survey however, this increased risk only appears to hold for girls (an increase of 59 percent in the likelihood of being abused).

### Family dynamics

Factors related to a child's family structure and parental behaviour are known to be associated with varying risks of sexual abuse. For this study, we assessed how a child's risk of abuse is related to the following factors:

- Parental abuse of alcohol and other substances;
- Parental hospitalisation or absence from the home due to health reasons;
- The number of biological parents a child is living with.

Respondents to the school survey who reported having a parent who abused alcohol or other drugs were found to be almost twice as likely to have experienced some form of sexual abuse than those who did not, while in the household survey this figure rises to 2.7 times as likely. Little difference in this effect is seen between girls and boys. This confirms findings

from previous studies that parental alcohol or other substance abuse is a risk factor for sexual abuse, as it interferes with a parent's ability to care for the child.

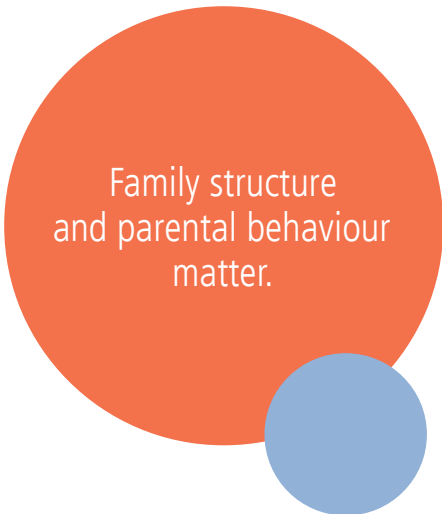
A lack of parental supervision, the absence of a father as a role model, and living in a single parent home or without either parents have all been found in the past to place children and teenagers at an elevated risk of maltreatment, including sexual abuse. From the school survey it was found that having had a parent or caregiver ever go to hospital or be away from the home for a significant period for health reasons is associated with a greater likelihood of sexual abuse (increase of 80 percent in the likelihood of experiencing sexual abuse), with some evidence that the effect is stronger among girls than boys.



### The most important data in brief

- > Parental abuse of alcohol or other drugs approximately doubles a child's likelihood of being sexually abused.
- > The risk of being sexually abused is at its highest between the age of 14 and 16.
- > For each additional biological parent living in the household, the likelihood of having been abused reduces by 20 percent.
- > In the household survey children with a disability were found to be 78 percent more likely to have experienced some form of sexual abuse.

In the school survey, after controlling for differences in risk between girls and boys, there was little evidence of increasing number of biological parents in the household impacting on the risk of sexual abuse. However, in the household survey, the study provided evidence that the likelihood of having experienced a form of sexual abuse drops 20 percent for each additional parent living in the household for boys, with some evidence that from the household survey also that this protective effect is weaker for girls. ■



Family structure  
and parental behaviour  
matter.

## Result 4



# Who are the perpetrators?

**Result 4 >** In this study, we set out to better understand the characteristics of the perpetrators of the abuse. For this, we questioned respondents on their relationship to the perpetrator, the perpetrator's age and gender, where the abuse occurred, and whether the perpetrator was under the influence of alcohol or other drugs at the time of the incident.

One form of sexual violence that must be considered particularly serious is abuse within the family. Our study found that the prevalence of this differed according to the type of abuse in question. 30 percent of girls reported that among sexual abuse by a known adult the perpetrator was a relative, living either inside or outside the home. For boys this figure drops to just 12 percent, while for sexual abuse by a child or teen only a small number of cases were perpetrated by a brother, sister or other child in the household. For forced intercourse among girls only 1 in 10 cases involved a family member as perpetrator. For boys this was even lower (just 3 percent).

**Dumusile Nala,**  
Childline South Africa  
"South Africa's children have shared their experiences with us through the Optimus Study, the first ever providing representative data on child sexual abuse and maltreatment in South Africa. While this social ill has a huge impact on both the children affected as well as the broader society, it is preventable."

Only a relatively small percentage of cases of sexual abuse by a known adult were perpetrated by a step-parent or live-in partner, though this was slightly higher among girls (10.1 percent) than boys (8 percent), with a small number of cases of forced sexual intercourse involving step-fathers or live-in boyfriends. However, these figures must be seen as high considering their relation to the number of households in which a step-parent is present.

While these proportions for abuse by a family member could be seen as relatively small, the importance of dealing with this type of abuse was highlighted as being of paramount importance by respondents to our agency survey. Here, respondents to the agency survey reported that long term abuse generally only occurred when the perpetrator had frequent access to the child and so with these cases the perpetrator was usually a family member or neighbour.

Furthermore, a critical concern, reported by social workers throughout the country, was the response of families to abuse cases. As one social worker put it, when sexual abuse is taking place within the family, "it's a war" to deal with that case. Families generally did not report cases of abuse occurring in the family, even though often other family members, especially the child's mother, knew about the abuse. The reasons for not reporting were usually a combination of pragmatic concerns, fear of public shaming, and cultural beliefs regarding the place of men in society.

Perpetrators were often male breadwinners and so reporting the abuse would lead to the removal of a vital source of



financial support. Other social workers discussed the difficulty of holding a man accountable, with communities and families expressing scepticism regarding the removal of the male head of the household from the home.

Other unpleasant dynamics were reported, with some mothers for example saying that at least their partner was still accessing sex in the household and not outside, even if it was with one of their children. Generally families would try to avoid the intervention of the state and assure social workers that they would reach their own form of justice, saying “we will talk as a family.” In many parts of the country, particularly KwaZulu-Natal, the Eastern Cape and the North West province, cases would be dealt with by traditional authorities and the payment of damages would be used to settle the matter.

Social workers raised this concern because the result was that the best interests of the victim were almost never con-

sidered. Families would be resistant to children receiving counselling or the social worker having the perpetrator arrested. Victims were often treated badly by the family when the case came to light and were blamed for any difficulties this caused for the family. Social workers perceived that the family would often side with the perpetrator, for financial and other reasons, and even be happy if the child rather than the perpetrator was removed from the home.

### **Abuse within relationships**

Sexual abuse within romantic relationships is also known to be an issue. In our school survey, the great majority of cases classed as other sexual experiences with someone 18 or older were with a current or ex-boyfriend or girlfriend, with relatively high proportions also for cases of sexual abuse by a child or teen (40.2 percent), forced intercourse (29 percent) and, for boys, sexual exposure (24.1 percent).

The most common type of perpetrator reported overall was ‘anyone else such as a friend, neighbour, or schoolmate’. Categories of abuse where this type of perpetrator was particularly prevalent in the school survey and included written or

verbal threats (77 percent), sexual exposure (69 percent), forced intercourse (47 percent) and sexual abuse by child or teen (48 percent) or a known adult (39 percent), as well as one in three cases of other sexual experience with an adult among boys.

Gender of perpetrator

Respondents were also asked about the sex of the perpetrator. Overall, it is clear that the vast majority of girls are sexually abused by boys and men. For male respondents, on the other hand, the picture is more mixed, with differences ac-

cording to the category of abuse. For example, cases of sexual intercourse forced on boys are primarily perpetrated by girls and women, cases of other sexual experience are perpetrated by women and girls, while sexual abuse by adults was only slightly more likely to be perpetrated by men rather than women.

Age of the perpetrators

Perpetrators of sexual abuse against girls in our school survey tended to be older than perpetrators against boys. This perhaps highlights the fact that there is a greater tendency for perpetrators of

Table 03: Relationship of the perpetrator to the victim

(in %)

Type of perpetrator	Relative (in or outside household)	Step-parent or parent's live-in partner	Current or ex-boyfriend or girlfriend	Anyone else such as a friend, neighbour or schoolmate	Stranger	Other
Sexual abuse by known adult	25.5	9.6	6.4	39.4	NA	19.1
Sexual abuse by unknown adult	NA	NA	NA	NA	NA	NA
Sexual abuse by a child or adolescent	5.7	NA	40.2	48.3	3.4	2.3
Forced sexual intercourse (actual or attempted)	8.1	0.8	29.0	46.8	11.3	4.0
Sexual exposure	6.1	0.6	21.3	68.9	2.4	0.6
Sexual harassment (verbal or written)	5.2	0	11.5	77.1	5.2	1.0
Other sexual experience with an adult	0.7	0	80.1	14.0	1.4	3.8

Source: figures from the school IAQ

abuse against boys to be people at school or other peers – particularly in cases of sexual harassment and sexual exposure, where approximately 8 and 9 out of 10 perpetrators are aged under 18 – whereas girls are more likely to be abused by older men.



Where the abuse occurred

Respondents were also asked where the abuse occurred, the last time it happened. There were distinct differences in the location of the abuse for cases involving known and unknown perpetrators. When perpetrators were known to

the victims, one in two (56.6 percent) cases had taken place at the victim’s home. Contrary to this, two out of every three cases (66.3 percent) involving a perpetrator unknown to the victim, had occurred in an area close to the victim’s homes such as the community, streets nearby or local parks. While most cases of sexual abuse by a child or adolescent occurred within or near the victim’s home a relatively high proportion also occurred in school surroundings, which, combined with the fact almost half of cases here were reported to be performed by ‘anyone else’, including school-

Table 04: Gender of the perpetrator

(in %)

								
	Man	Woman	Boy	Girl	Man	Woman	Boy	Girl
Sexual abuse by known adult	50.0	50.0			98.6	1.4		
Sexual abuse by unknown adult	66.7	33.3			100.0	0.0		
Sexual abuse by a child or adolescent			7.5	92.5			100.0	0.0
Forced sexual intercourse (actual or attempted)	9.1	24.2	9.1	57.6	43.6		55.3	1.1
Sexual exposure	2.8	3.5	62.0	31.7	43.5	8.7	47.8	
Sexual harassment (verbal or written)	8.0	4.0	44.0	44.0	15.5	2.8	52.1	29.6
Other sexual experience with an adult	1.6	58.9	7.3	32.3	60.2	0.6	39.1	

Source: figures from the school IAQ

Table 05: Age of the perpetrator

(in %)



	< 18	18–25	> 25
Sexual abuse by known adult		81.0	19.0
Sexual abuse by unknown adult		40.0	60.0
Sexual abuse by a child or adolescent	100.0		
Forced sexual intercourse (actual or attempted)	65.6	25.0	9.4
Sexual exposure	91.4	7.9	0.7
Sexual harassment (verbal or written)	83.3	12.5	4.2
Other sexual experience with an adult	4.8	87.9	7.3



	< 18	18–25	> 25
Sexual abuse by known adult		27.0	73.0
Sexual abuse by unknown adult		36.0	64.0
Sexual abuse by a child or adolescent	91.2	8.8*	
Forced sexual intercourse (actual or attempted)	48.1	32.1	19.9
Sexual exposure	45.0	35.0	20.0
Sexual harassment (verbal or written)	65.2	25.8	9.1
Other sexual experience with an adult	2.5	93.8	3.8

\*Please note: In the above table, the percentage of female respondents who indicated sexual abuse by a child or adolescent perpetrator between the ages of 18–25 years (8.8%), reflects perpetrators who were all 18 years of age (not older); and were thus still considered children themselves by the victims.

Source: figures from the school IAQ

Table 06: Location of the incident

(in %)



	At home	Near home (in the community, street, park)	At school (inside, in school yard, or on a bus)	Other
Sexual abuse by known adult	38.5	46.2	11.5	3.8
Sexual abuse by unknown adult	33.3	33.3	16.7	16.7
Sexual abuse by a child or adolescent	49.1	20.8	30.2	
Forced sexual intercourse (actual or attempted)	30.3	48.5	12.1	9.1
Sexual exposure	26.1	32.4	36.6	4.9
Sexual harassment (verbal or written)	32.0	8.0	60.0	
Other sexual experience with an adult	62.4	17.6	2.4	17.6



	At home	Near home (in the community, street, park)	At school (inside, in school yard, or on a bus)	Other
Sexual abuse by known adult	57.1	21.4	4.3	17.1
Sexual abuse by unknown adult	48.1	48.1		3.7
Sexual abuse by a child or adolescent	26.5	26.5	26.5	20.6
Forced sexual intercourse (actual or attempted)	25.8	49.5	10.8	14.0
Sexual exposure	54.5	27.3	4.5	13.6
Sexual harassment (verbal or written)	15.3	34.7	44.4	5.6
Other sexual experience with an adult	31.1	21.7	0.6	46.6

Source: figures from the school IAQ



mates or friends, indicates that sexual abuse within the school context is a serious issue that must be addressed by the education system in South Africa. Cases of sexual exposure however occurred in relatively equal measure at home, near the home, and in school surroundings. For written or verbal sexual harassment just under half of the incidents occurred at school overall, with boys being more likely to report school as the location than girls. The most common location for other sexual experiences with an adult were the respondent’s home or at the perpetrator’s home, perhaps reflecting the more consensual nature of many of these incidents.

Use of alcohol or drugs by the perpetrator

In the majority of cases overall, the perpetrator was not reported to be under the influence of alcohol or other drugs at the time of abuse. However, according to our results, the prevalence of alcohol or drug use, as reported by respondents, is still considerably higher for perpetrators than for the victims (see Result 5 for a description of the victims’ use of drugs or alcohol). ■



Table 07: Perpetrator was under the influence of alcohol/drugs

(% answering “yes”)

	Male adult perpetrator	Female adult perpetrator
Sexual abuse by known adult	19.2	40.6
Sexual abuse by unknown adult	16.7	33.3
Sexual abuse by a child or adolescent	7.5	17.6
Forced sexual intercourse (actual or attempted)	31.3	27.8
Sexual exposure	4.9	30.4
Sexual harassment (verbal or written)	NA	NA
Other sexual experience with an adult	19.4	4.3

Source: figures from the school IAQ



## Result 5



# Characteristics of the incidents

**Result 5 >** Child sexual abuse cases can be isolated or ongoing incidents, and can be influenced by drug and alcohol use, or physical or psychological power of the perpetrator over the child.

In order to better understand the nature of the incidents and the context in which they occurred, we asked as part of the household and school surveys relating to whether:

- The abuse was ongoing and likely to happen again.
- Physical force (such as pushing, grabbing or hitting, or the use of a weapon) or verbal threats were used by the perpetrator (such as to hurt the victim, or their family), and whether the victim felt threatened.
- The respondent was promised something in return for the act (such as alcohol, drugs, transport, food, housing or money etc.), and whether what was promised was received by the victim.
- The victim was under the influence of any drugs or alcohol at the time of the incident, whether they knowingly took the substance and whether they were forced to or not.

Differences were examined according to the characteristics of the victims (male or female), and the type of abuse that occurred (forced sexual intercourse (actual or attempted); sexual exposure; written or verbal sexual harassment; sexual experience with an adult).

## Is the abuse ongoing, or likely to happen again?

Cases of sexual abuse can be isolated incidents or, potentially more damagingly, part of an ongoing history of abuse, sometimes occurring for years after the abuse first began. There were significant differences in reporting of whether the abuse was ongoing between the household and school surveys. Reporting of ongoing abuse was, somewhat surprisingly, generally higher in the household survey, with the main exception to this trend relating to abuse by unknown adults. Based on the household survey only, reports of ongoing abuse, aside from other forms of sexual contact with adults (aged 18 and over), which would naturally be expected to be more likely to be ongoing since it includes activities potentially not seen as abuse by respondents (such as consensual activities), the types of abuse most likely to be ongoing are sexual abuse by a known adult and sexual exposure, with approximately 1 in 6 of cases reported to be ongoing.

While these figures are worrying, of even more concern is the proportion of cases reported to be likely to happen again. Results from the school survey (where reporting rates were higher) indicate that high proportions of victims who thought the abuse was likely to happen again, ranging from over 1 in 6 among cases of forced sexual intercourse to almost half of sexual exposure cases and 61 percent of other incidents with adults.

### **The use of physical force and verbal threats**

Overall among contact forms of abuse, female students consistently reported higher incidence of the use of physical force, verbal threats, and feelings of being threatened across all categories of abuse, compared to male students.

The use of physical force was particularly prevalent among cases of sexual abuse by a known adult (57.7 percent female; 11.5 percent male) and an unknown adult (53.6 percent female; 16.7 percent male), and forced sexual intercourse (45.7 percent female; 21.2 percent male), but somewhat less so for sexual abuse of a male student by a child or teen (47.1 percent female; 9.1 percent male). The

majority of cases where physical force was used did not involve the use of a weapon, particularly for cases involving male victims, aside from the small number of cases of other sexual experience with an adult where the use of physical force was reported.

In terms of the use of verbal threats, while the prevalence is considerably lower than the use of physical force, the prevalence is still relatively high for sexual abuse cases among female students involving known adults (26.7 percent) and children or teenagers (27.8 percent), and for both girls and boys in sexual abuse cases involving unknown adult perpetrators (30.8 percent female; 20 percent male). For those cases where no form of physical force or verbal threats were used, girls were again much more likely to report feeling threatened than boys.

### **Transactional abuse**

Previous studies internationally and in South Africa (Peterson et al, 2005) have identified the commodification of sex as a risk factor for sexual abuse, with children or adolescents exchanging sex or associated acts for goods such as money, food, or other items.





According to the results of our survey of school students, this is indeed a serious issue. For example, in just under 1 in 8 of cases involving sexual abuse with an unknown adult and almost 1 in 10 with a known adult the victims reported that they were promised something in exchange for the act. For most types of sexual abuse, there was either

little difference in the proportions reporting being promised something in return across gender, or males were more likely to report it, with the exception of sexual exposure (2.1 percent of boys versus 13 percent of girls). Furthermore, the majority of young people reported that they did not receive what they were promised, except for cases relating to “any other” sexual activities with an adult, where only 36.8 percent of cases did not receive what they were promised.

Table 08: Prevalence of the victim being promised something in return for the act, and whether they received what was promised

(% answering “yes”)

				
	Promised something in return for the act	Received what they were promised	Promised something in return for the act	Received what they were promised
Sexual abuse by known adult	11.5	33.3	10.0	28.6
Sexual abuse by unknown adult	16.7	0.0	11.1	0.0
Sexual abuse by a child or adolescent	7.5	0.0	8.8	33.3
Forced sexual intercourse (actual or attempted)	15.2	20.0	5.4	0.0
Sexual exposure	2.1	50.0	13.0	0.0
Other sexual experience with an adult	11.3	64.3	3.7	60.0

Source: figures from the school IAQ



Use of drugs and alcohol by the victim

In the majority of cases respondents reported that they were not under the influence of drugs or alcohol at the time of the abuse. While there is the chance that some degree of underreporting given moral perspectives towards youth alcohol and drug use, these results still go against a common perception that those who are abused may be responsible to some degree for their own abuse because of their ‘improper’ behaviour.

In fact, it is the perpetrators rather than the victims who are much more likely to be under the influence of alcohol or drugs at the time of the abuse, as discussed further in the previous section ‘Who are the perpetrators?’. In cases of forced intercourse (actual or attempted) reported by boys, for example, perpetrators are over three times as likely to be under the influence than the victims. ■

Table 09: Respondent was under the influence of alcohol/drugs at the time of the abuse

(% answering “yes”)

		
Sexual abuse by known adult	7.7	1.4
Sexual abuse by unknown adult	0.0	7.1
Sexual abuse by a child or adolescent	3.8	2.9
Forced sexual intercourse (actual or attempted)	9.1	3.2
Sexual exposure abuse	2.8	4.3
Other sexual experience with an adult	17.6	4.3

Source: figures from the school IAQ





## Result 6



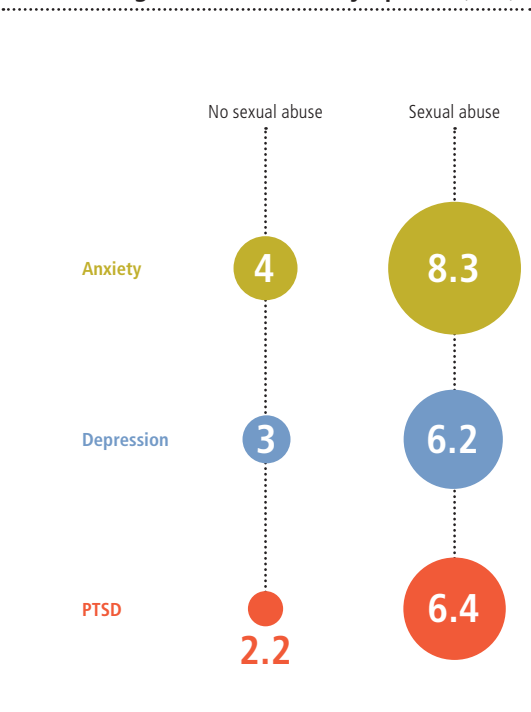
# What are the consequences?

**Result 6 >** People who are exposed to violence and abuse, including sexual abuse, may suffer a variety of consequences. These may include injuries and mental health problems, such as anxiety, depression and post-traumatic stress disorder (PTSD). But these problems, in themselves, can also cause other issues: injuries and mental health problems can, for instance, lead to missing school.

Every young person who completed the questionnaire also reported on their symptoms of anxiety, depression, and post-traumatic stress. Cut-off points have been developed in the USA to identify young people who might be in need of mental health treatment, and, we used these cut points in this study even though they may not be appropriate in South Africa; at the very least, they do give an idea of how many young people are struggling with serious mental health problems. The percentages of young people who reported these clinical levels of mental health symptoms, in the school and household surveys, are reported in Illustration 03. Each report is broken down by whether the young person concerned had been sexually abused, or not – so that one can see, as a percentage of those who have (or who have not) been sexually abused, what proportion reported mental health problems.

Sexual abuse is not the only cause of mental health symptoms. Young people who have experienced other forms of violence, or who are dealing with other anxiety-provoking matters such as struggling to pay school fees or difficulties in their relationships, may also suffer from anxiety, depression or PTSD. However, sexual abuse dramatically increases the odds of

Illustration 03: **Percentages of young people reporting clinical levels of symptoms (in %)**



Source: SAQ and HAQ

developing mental health symptoms: young people who have been sexually abused are more than twice as likely to develop anxiety and depression, and three times as likely to develop PTSD symptoms, as other young South Africans.

We also explored the consequences in terms of missing school or being unable to complete schoolwork, being injured, or needing medical attention after an incident of sexual abuse. These results are presented in Table 10.

This table makes clear how much impact there can be on children’s lives when

they are sexually abused. One fifth of children who have been sexually abused by adults are likely to have problems with schoolwork or school attendance. Nearly a third of those abused by a known adult are likely to have injuries as a result of this abuse, although in turn, only a third of those injured will actually seek assistance. While fewer children who have been abused by an unknown adult are injured, they are far more likely to seek medical assistance.

The household survey makes it possible for us to put some numbers to these percentages – to estimate how many chil-

dren are affected in this way. Over 17,000 young people’s schoolwork was affected through their sexual abuse at the hands of a known adult; the majority of these were girls (over 13,400). Over 13,500 were injured in the course of sexual abuse perpetrated by an adult they knew, and of these, 4,345 sought medical help. While clearly not all these consequences are experienced by all young people who have been sexually abused, the scale of the numbers gives a sense of the scale of the problem across the nation, and demonstrates that sexual abuse of young people is a significant issue for the education and health sectors. ■

Table 10: Percentages of those who reported sexual abuse who then experienced educational or medical problems after the abuse

(in %)

Type of sexual abuse	Missing school or problems in schoolwork	Being injured	Of those who were injured, what proportion sought medical assistance?
Sexual abuse by known adult	24.0	29.9	33.3
Sexual abuse by unknown adult	20.4	13.0	72.7
Sexual abuse by a child or adolescent	8.2	10.3	33.3
Forced sexual intercourse (actual or attempted)	12.2	15.0	52.6
Exposure to sexual material	4.3	3.6	33.3
Sexual harassment (verbal or written)	12.5	–	–
Other sexual experience with an adult	3.2	3.1	22.2

Source: figures from the school IAQ



## Result 7



# In whom did the victims confide?

**Result 7 >** We explored the decisions that young people make when they are confronted with a situation of sexual abuse or exploitation. We asked a series of questions about who they reported their experiences to, how they felt their reports were received or handled, as well as the reasons for not reporting.

Below is a selection of sexual abuses that young people have experienced and who they reported these experiences to. These are also all legally reportable offences by those who receive complaints of sexual abuse. In reading the prevalence for reporting, it should be borne in mind that children could have reported to more than one person.

For all forms of abuse, young people also reported to those other than parents and people in positions of legal authority or guardianship. This included friends and other support persons such as those considered 'community leaders', counsellors other than school counsellors (such as religious, peer and other types of community counsellors) as well as other family members. In cases of sexual abuse committed by adults – both those known and unknown to them – young people predominantly found support and counsel with friends (50 percent of the time). When asked whether they found their reporting experiences to either legal authorities or to others to be positive, they generally found these experiences to be so. There are, however, differences in the extent to which they found these reporting experiences positive and this was dependent on the nature of the sexual

abuse reported. For example, 72.5 percent of young people who experienced sexual abuse by a known adult found their reporting experiences to be positive. Surprisingly, those who reported sexual abuse by an unknown adult were less likely to feel so (59.1 percent). Young people feel even less positive about reporting experiences of forced sexual intercourse – where someone attempted to force them to have sexual intercourse of any kind – with only half of them saying that this reporting experience was positive (51.2 percent).

The figures for positive reporting experiences may be related to the frequency with which social workers actually intervened in and investigated reported cases of child abuse. By example, cases of sexual abuse by a known adult that were reported to a social worker were investigated in 80 percent of cases. Cases of sexual abuse by an unknown adult were investigated in 62.5 percent of cases, while cases where forced sexual intercourse took place were only investigated by social workers 28.6 percent of the time. The extent to which young people have positive experiences with reporting sexual abuse could be related to levels of intervention or investigations.

Why do young people not report sexual abuse?





Based on the table below, one can see that in many instances, there is little to no reporting. Young males are especially disinclined to report. In all sexual abuse categories, boys did not report any abuses to either psychologists, social workers

or police/other law enforcement officials. They were consistently most likely to report sexual abuse to parents: sexual abuse by known adult (26.9 percent), sexual abuse by unknown adult (33.3 percent), sexual abuse by a child or adolescent (7.5) and forced sexual intercourse (15.2 percent).

Table 11: Who knew about child sexual abuse: by gender

(in %)

Who knew about sexual abuse?

					
Sexual abuse by known adult			Sexual abuse by a child or adolescent		
Parents	26.9	59.2	Parents	7.5	35.3
Teacher, counsellor or other adult at school	3.8	18.3	Teacher, counsellor or other adult at school	3.8	20.6
A doctor/health care practitioner	3.8	14.1	A doctor/health care practitioner	1.9	8.8
Psychologist	0	7.0	Psychologist	0	8.8
Social worker	0	14.1	Social worker	0	2.9
Police or other law official	0	31.0	Police or other law official	0	11.8
Sexual abuse by unknown adult			Forced sexual intercourse (actual or attempted)		
Parents	33.3	77.8	Parents	15.2	36.2
Teacher, counsellor or other adult at school	0	30.8	Teacher, counsellor or other adult at school	0	13.8
A doctor/health care practitioner	0	40.7	A doctor/health care practitioner	0	6.4
Psychologist	0	15.4	Psychologist	0	3.2
Social worker	0	40.7	Social worker	0	8.5
Police or other law official	0	51.9	Police or other law official	0	7.5

Source: Schools IAQ

"You know how families are. Reporting a case of abuse is still regarded as taboo, and they still want to treat it within the family. They don't come forward for fear of maybe being killed by the perpetrator, or for losing maintenance from the perpetrator, because most of the cases we get, you will find that children are being abused by their next of kin or their biological parents, siblings."

Supervisor, Mpumalanga

The reasons for not reporting are poignant reminders of how young people perceive how their experiences will be responded to as well as thought-provoking for those promoting increased reporting of child sexual abuse cases:

It is evident that the fear of and familiarity (or lack thereof) with perpetrators has large role to play in whether young people report a sexual offence.

The impact of victims' fears of, and intimidation by, perpetrators in sexual offences literature is extensive. So are findings relating to the lack of ongoing communication by criminal justice personnel to victims during sexual offences investigation and prosecution processes. There is ample research in South Africa which has identified some of the critical failures of the criminal justice and health systems in addressing sexual offences. Some have examined the experiences of rape survivors, while others have examined the deficits of the criminal justice

process through attrition studies and the legal challenges of the law. These studies re-iterate, through various methods and points of departure, the critical gaps in service provision for those who have experienced sexual abuse and report these incidences to the police. What is certain is that many of those who have reported being victims of sexual abuse have not found justice within a system that is differentiated in terms of access, quality of service, level of skill and commitment.

Information is central to the safety and security, not to mention the continued cooperation, of victims in the criminal justice process or indeed any investigation process. Young people in this study provided their somewhat limited knowledge of the outcomes of their cases when they were reported to the criminal justice system. For those that experienced sexual abuse by a known adult and had to attend court for the incident, the accused was found to be guilty in 53.8 percent of cases, but in 7.7 percent of cases charges were dropped or cases were postponed (15.4 percent of cases). For those who experienced sexual abuse by an unknown adult and had to attend court, the accused was found to be guilty in 37.5 percent of cases and cases





were postponed in 67.5 percent of cases. The lack of information and delays in justice become progressively worse in cases of forced sexual intercourse where 40 percent of cases the complainants did not know what happened to the case or the cases were still pending and where 20 percent of cases were postponed. For most victims of sexual abuse simply knowing when cases would be

heard, the reasons for court delays, the reasons for cases being dropped by the prosecution and the circumstances which lead to non-guilty verdicts, are also part of the creating a positive reporting experience. ■



Table 12: Reasons for not reporting child sexual abuse: by gender

(in %)

Nature of abuse	Top three reasons for not reporting	
		
Sexual abuse by known adult	1. The person was my neighbour	29.4
	2. No reason given	17.6
	3. (a) I did not feel that it was serious enough	5.9*
	(b) I was scared	
Sexual abuse by unknown adult	(c) he or she was my cousin or girlfriend	
	1. He was a stranger/I did not know him	25.0
	2. He was my neighbour	25.0
	3. (a) I was scared	5.9*
	(b) I was scared my friends would laugh at me	

\* Each listed item in this cell had a prevalence rate of the percentage denoted here.



# Outlook



# A foundation stone is laid

**As mentioned previously, child maltreatment has been the focus of several small-scale studies in South Africa, but no nationally representative study on the extent or impact of child maltreatment has existed hitherto.**

The prevalence of child sexual abuse in South Africa has therefore been largely unknown, which has meant that governmental resources put towards addressing policy, social development and justice responses (amongst others), have been based on official reporting rates – which are underestimates of its prevalence: in any country, many instances of child maltreatment go unreported.

There is indeed political will in South Africa to address child maltreatment; our legislative frameworks are evidence of this. While over the past decade, South Africa has developed forward-looking policies and legislation that focuses on both the prevention and treatment of maltreatment and offences against children, this has only relatively recently been promulgated and implemented. There has, until now, been no data to inform the possible impact, success or failure, of these policies.

This study, for the first time, provides the national data on not only sexual abuse but also other forms of child maltreatment, that can be used for planning pur-

poses, against which the national and provincial policies can be assessed, and real, targeted interventions to address problematic areas be designed and implemented.

## **Recommendations for procedural policy and legislation**

It is evident from the legal framework provided above, that South Africa is well positioned in terms of its ratification of international laws (e.g. the UN Convention on the Rights of Child) and in terms of its domestic legal framework for the protection of children from child sexual abuse and maltreatment. As with many contexts, existing protective mechanisms, are 'policy rich and implementation poor'. Of particular relevance to the 'great policy debate' in this study was the extent to which young people experienced sexual abuse and other forms of maltreatment, contrasted to the extent to which these cases were reported, and to whom, and of course, the reasons for why they were or were not reported. The data implies that not only do young people tend not to report or disclose their experiences of child abuse and maltreatment, but that when they do report or disclose, the trajectory of criminal justice, psycho-social support and child protec-



tion services are not as effective as South African's child protection laws, policies and regulations intended.

This, and other studies, have shown that cases of child sexual abuse and other forms of maltreatment in South Africa often 'fall out' of the system or experience severe delays in justice, including child protection. There is a range of agencies statutorily involved in the referral and management of cases. These include: the SAPS; Child Protection Units; state social workers (from both the Department of Social Development the Department of Education); NGO service providers; school authorities; prosecutors; Criminal and Children's Courts; Labour Relations in the event that an employee is accused; and medical personnel (ambulatory, emergency, primary health and forensic). However, there is currently no official protocol for the treatment, referral and management of these cases across these agencies, not to mention existing conflicting legal requirements across several pieces of legislation in relation to reporting requirements. It is also evident that there is also a critical lack of adequate psycho-social support for child and adolescent victims during the reporting and investigation process.

The first step towards ameliorating these 'attrition points' in service provision, and to improving the systemic management of child sexual abuse and maltreatment, is to begin the process of systematically documenting the reporting, referral and case management trajectories of these cases. This will go far in identifying existing practices that both inhibit and enhance inter-sectoral coordination, communication and decision-making, accelerating service delivery and minimising harm to young complainants/victims.

On this basis, South Africa can move towards the formulation of a much needed, and regulated, child protection protocol for management of sexual offences for both state and non-governmental child protection service providers, which is both supported and reinforced by the existing legal framework and concomitant legislative regulations and departmental policies) as well as research evidence.

### **Recommendations for practice**

Given the strong associations between sexual abuse and all other forms of maltreatment and victimisation, those taking a report of sexual abuse or dealing with a young victim should be alert to the likelihood that the child has also experienced

### **Further information and contact**

Further information about the Optimus Study is available at:

> [www.optimusstudy.org](http://www.optimusstudy.org)

The present publication can be downloaded from the above website in pdf format in German, French, Italian and English.

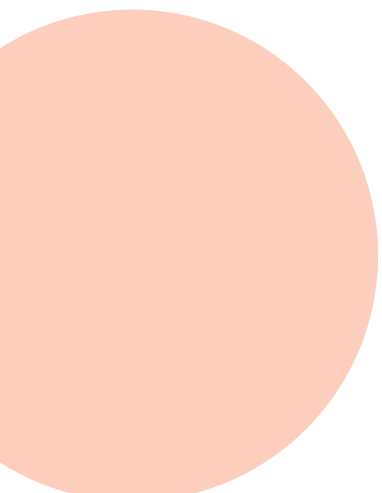
Print versions can be ordered at:

> [order@optimusstudy.org](mailto:order@optimusstudy.org)

The study report "Sexual victimisation of Children and Adolescents in South Africa (Final Report for the UBS Optimus Foundation)" can also be downloaded from the website address above.

Contact:

> [info@optimusstudy.org](mailto:info@optimusstudy.org)



one or more other victimisations. These should also be explored in counselling, and appropriate support provided.

Special consideration should be given to the children of those facing lengthy hospitalisations or illnesses, for support to engage with and supervise their children; or to arrange another caregiver to do this while they are away.

Since parental substance misuse is associated with sexual abuse of children, one key preventive strategy is to make substance abuse treatment programmes far more widely available and accessible than they are at present.

Good parent-teen relationships – ones where parents have warm, caring relationships with their children, where there is good communication between parent and child, and where parents monitor their children's activities – play a role in preventing child sexual abuse. Programmes that promote better parent-teen relationships should also be made widely available. One such example is the Sinovuyo Caring Families Programme for parents and teens aged 10–17. Tested in the Eastern Cape Province, it is one of very few programmes to attempt this

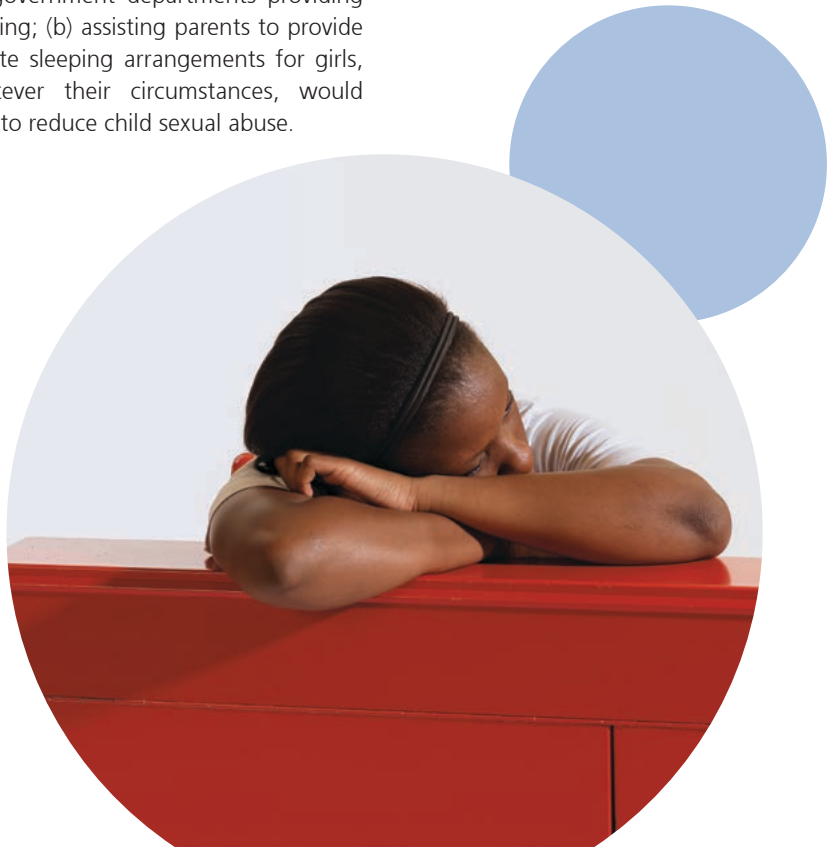
and to be suitable for low and middle-income countries. Initial results are very promising (Cluver et al., 2016).

Young people who have been sexually abused are at greater risk for engaging in sexual risk behaviours, a phenomenon known as “repetition compulsion”. People who have endured traumatic situations lost control in that situation, and are sometimes unconsciously compelled to repeat the trauma or to put themselves in a situation where it might occur again, in an attempt to establish control. In addition, their ideas about healthy sexual expression may have been distorted by the trauma. Thus young people who have been sexually abused would benefit not only from counselling to address the abuse (and so prevent repetition compulsion), but also specific support to manage their sexual encounters both so that they are safe from infections and pregnancy, and are able to enjoy future sexual encounters.

Young people who misuse substances are at higher risk for sexual abuse because of the disinhibiting effect of drugs and alcohol, as well as the loss of judgement that results from intoxication. In addition, young people who have been

through a traumatic event such as sexual abuse may turn to drugs and alcohol to manage their symptoms (which in turn may put them at risk for further sexual abuse). For this reason, youth friendly substance abuse treatment services should be made widely available, both to reduce substance misuse and hence the likelihood of sexual abuse; and to treat the substance abuse that arises from sexual abuse and an attempt to self-medicate the symptoms of distress. The latter services need to be trauma-informed – that is, they also need to take into account symptoms of the trauma, and treat those as well as the substance misuse.

Since sleeping density – sharing a bedroom with more than one person – was associated with sexual abuse, this has implications for prevention. It suggests that (a) housing that provides for separate bedrooms for girls should be an important consideration for parents, and for government departments providing housing; (b) assisting parents to provide private sleeping arrangements for girls, whatever their circumstances, would help to reduce child sexual abuse.




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# UBS Optimus Foundation



The UBS Optimus Foundation is a charitable foundation that provides projects funding and was founded in 1999 by UBS. It is active throughout the world for the welfare of needy children in terms, of education, protection and health.

These three elements are critical factors in a child's life. They give children the opportunity to lead independent lives as adults and to become active members of society, who can contribute to positively influencing future generations.

For many years, the foundation has been working worldwide for the protection of children. It implements innovative projects along the entire value chain in order to achieve maximum impact. In doing so, it focuses on issues that receive either little or no funding from other areas. The Optimus Study aims to fill in another lamentable gap – because only if scientifically gathered data is available for the area of sexual abuse of children can the

influence of prevention and intervention projects be evaluated in the future.

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