

Contexts of risk for child sexual abuse, community perspectives from the Eastern Cape

Research by Alice Clarfelt, CADRE



CADRE

Centre for Aids Development,
Research and Evaluation

Background

- SIDA funded research into links between child sexual abuse and HIV infection in South Africa
 - to develop an understanding of the contexts of risk of HIV infection of children as a product of sexual abuse
 - to develop resources, communications strategies and materials about risks and rights, designed to mitigate the impacts of such abuse
- The research presented is a community case study exploring the diversity of contexts of risk for child sexual abuse in the rural Eastern Cape

Research Sites and Methods

- Rural sites located in the Eastern Cape.
- 2 focus groups and 8 in-depth interviews with community participants:
 - grandmothers, mothers, community health workers, child care workers, community police forum representatives, traditional leaders
- 12 interviews with service delivery providers:
 - health workers, police officers, anti-child abuse NGO workers, social workers, teachers



Findings: Shifts in household care contexts

- Economic migration affects shifts in care relationships, exacerbated by HIV/AIDS related deaths
- A child may be subject to several forms of guardianship:
 - At risk of being abused by new household members (e.g. step-fathers)
 - Burden of care falls on grandmothers
 - Abuse and neglect in new guardianship situations

Economic dependency = extreme vulnerability

- *'The mother of the girl left to be with her father in Gauteng and then she left her kids in the care of the neighbour. During that period the child had no food to eat because the mother and the father of the child were in Gauteng.*

They solely depended on the neighbour and then the neighbour gave her R2 to go and buy some chips and do some favours for him. The leftovers of the food—he used to give those leftovers to the child to eat and he used to give her fifty cents at the end of it, and he ended up sexually abusing her' (Social worker, Eastern Cape)

Intra-familial abuse: Hidden and on-going

- The most prevalent form of abuse in rural areas
- Stigmatised: rarely reported or acted upon; not wanting to 'shame' the family. Child is silenced.
- Abuse is likely to be on-going
- Social and financial pressure to protect male heads-of-households.

Customary law: 'Paying for damages'

- When perpetrator is a non-relative
- Negotiations and transaction between perpetrator and family of victim
- Payment is both punishment and apology for perpetrators actions
- Often preferred to a poorly functioning criminal justice system— “something to put on the table”.
- Allows perpetrator to live in close proximity to victim -likely to revictimise.

'Paying for damages'

- *'Sometimes they just take that payment of sheep, sometimes that man who paid the sheep continue to do that abuse, because he says – I have paid some things for this, I have to do it. It's like a lobola.'* (Focus group, caregivers and guardians, rural Eastern Cape)

Gender and sexuality norms form context of risk for CSA

- Create spaces where sexual abuse of children can be legitimated.
- Lack of conception that unwanted sexual acts are abusive, especially non-penetrative abuse.
- Perception that male sexual desire is uncontrollable. Mothers feel powerless, cannot trust husbands.
- Language of paternal sexual entitlement objectifies children

'Sex is sex': Perceptions of nonconsensual sex

- *At an awareness campaign last week, one of the women asked –How can you tell the difference between sex in a relationship and when a person is raped? So that is like the same thing, how do you know the difference, because sex is sex? So with those attitudes, sometimes you just wonder; it's even worse when the rape has not occurred [because] they do not report those cases.' (Fieldworker, anti-child abuse organisation, Eastern Cape)*

Can't trust husbands

- *'You can't leave your husband with the child. Whether the child is 6 months old, he can't even change the nappy, because when he is changing the nappy of this girl he will start getting greedy and rape the child.'* (Focus group, caregivers and guardians)

Language of paternal entitlement

- *1: Sometimes the other parents they say 'I give birth to this child, so I must taste them, I must eat them, how is the taste....'*
- *2: Because 'these children of mine they are my vegetables'. It is happening. (Focus group, caregivers and guardians)*

Children abusing other children: Cycle of abuse

- ‘Playing rape’, ‘playing horse’, and ‘teaching others how to have sex’
- Children who abused are likely to have been sexually victimised themselves
- Common set of psychological triggers identified for young perpetrators of CSA, and for victims.
- The child who abuses was conveyed as *‘not feeling anything even if he is beaten’* because of psychological damage.

Substance Abuse

- Alcohol and drug abuse was said to ‘sexually activate’ perpetrators.
 - Youth who use ‘dagga’ (marijuana) said to be more sexually abusive
- Caregiver absence to leave household to purchase or consume alcohol.
- Children who live in or near shebeens also at risk.

Poor access to & uptake of public services for CSA: Criminal justice system

- Lack of arrest and conviction of perpetrators.
- Police sometimes dismiss cases or do not conduct a thorough investigation; 'lost' dockets (corruption)
- CSA under-reported due to failure of criminal justice system: loss of faith
- Communities unaware of how to follow a case up in court
- No confidential and receptive service for victims who report CSA to police

Health services

- Health services at centralised locations
- Lack of access to integrated sexual assault services
- Lack of professional psychologists; burden of counselling falls on overworked social workers.
- No confidential child-friendly space

Community based services

- Community-based care workers
 - Working at the intersection of social attitudes, traditional practices and poor public-service delivery
 - Making inroads in detecting and reporting cases of CSA.
- Community police forums becoming inactive due to lack of support from SAPS.

Conclusions

- Risk contexts for CSA = poverty and poor access to services which intersect with social factors such as stigma and social constructions of male sexual entitlement
- Care environments are inadequate to deal with the traumatic consequences for the child victim
- Children are vulnerable to HIV transmission, due to the on-going and hidden nature of the abuse, lack of access to services including PEP, and as a consequence of the onset of psychopathological behaviours.

Policy recommendations

- Implement widened scope of ‘social service professional’ –Children’s Act –free up social workers to provide more counselling
- Increase awareness of the Children’s Act, including mandatory reporting of CSA
- Greater access to ECDs & recreational facilities
- Accessible, confidential and comfortable services for reporting and responding to CSA—particularly in rural areas

Policy recommendations

- Training, sensitisation and capacity-building for ALL service providers
- Promote multi-disciplinary and collaborative approaches
 - Including between NGO and state sectors
- Greater and more sustainable funding of NGO service providers
- Strengthen the criminal justice system:
 - Reinstate specialised Child Protection Units
 - Prepare child witnesses to give evidence
 - Child-friendly waiting rooms at courts



CADRE

Centre for Aids Development,
Research and Evaluation