

**“Deaf Ears And Closed Minds: Do You Hear The Child’s Voice?”
Exploring Disclosure From The Perspective Of Child Rape Victims.**

By

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**Submitted in partial fulfilment of the requirements for the degree of Master of
Social Science (Clinical Psychology) in the School of Psychology in the Faculty of
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DECLARATION

Submitted in partial fulfilment of the requirements for the degree Master of Social Science, in the Graduate Programme in Clinical Psychology, University of KwaZulu-Natal, Durban, South Africa.

I declare that this dissertation is my own unaided work. All citations, references, and borrowed ideas have been duly acknowledged. It is being submitted for the degree of Master of Social Science in the Faculty of Humanities, Development and Social Science, University of KwaZulu-Natal, Durban, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.



Suhaila Latif

January 2008

DEDICATION

This work is dedicated to my parents and sisters, grandparents, and aunts and uncles for all their love, support, understanding, prayers and encouragement.

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To my Creator (Allah SWT), for blessing me with all the opportunities, resources and strength to complete this dissertation. In addition, I would like to express my sincere gratitude to those who have contributed in varied ways to the completion of this study.

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- To my mother, for giving me everything I needed in life to make my dreams a reality.
- And to myself, for foregoing life's pleasures long enough to sit down and finish writing up my dissertation.

ABSTRACT

Despite recent increases in public, media and research concern with the issue of child rape, not much is known about the disclosure of this phenomenon. This study focused on exploring disclosure from the perspective of child rape victims (i.e., elucidating the subjective meaning of disclosure for children, as well as exploring the circumstances, and factors that facilitate or hinder disclosure). The sampling frame included 16 cases of child rape (12 girls and 4 boys) in the age range 5-17 years old, with 12 years being the average age of the children.

The process of thematic analysis revealed three broad thematic areas, as well as a number of dominant and sub-themes. The first broad thematic area, *Pre-Disclosure*, provides insight into the intrapersonal process children undergo in the aftermath of rape; the children's thoughts and anxieties in coming to understand that they have been raped; and the decision-making process they underwent prior to disclosing their rape experience(s). The second thematic area, *Disclosure*, provides insight into the children's lived experiences of disclosing their rape and of the disclosure process. At this point in the disclosure process, disclosure is not only experienced at the intrapersonal level, but is experienced in relation to others (interpersonal level). Lastly, *Post-Disclosure*, provides insight into the intrapersonal, interpersonal, and inter-group/institutional influences in the aftermath of disclosure that play a role in the child's feelings about having disclosed, their evaluation if disclosing was worthwhile, and their decision to engage in subsequent disclosures (i.e., to keep telling).

The present study indicated that disclosure can best be conceptualised using the 'Tipping the Balance' model (London Family Court Clinic, 1995). This theoretical model employs a scale as a metaphor for the competing influences on a child who is sexually victimised, and proposes that a fragile balancing act precedes the decision to disclose (London Family Court Clinic, 1995). Such a decision is affected by competing pressures (intrapersonal, interpersonal and inter-group/institutional), and by what the present study has identified as facilitators and inhibitors. In each child's case, the balance must tip so that the facilitators and perceived benefits outweigh the influence of the many factors which can inhibit disclosure (London Family Court Clinic, 1995). In addition, the decision to use the ecosystemic theory as a conceptual framework for the present

research proved to be of heuristic value as it recognises the multiple levels of influence (intrapersonal, interpersonal, inter-group/institutional) that have an effect on the child.

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CHAPTER ONE

INTRODUCTION AND BACKGROUND

“In days gone by, and possibly even today, the view has prevailed that children should ‘be seen and not heard.’ The time has come for our children to be seen, and to be very clearly heard. The cries of our abused and exploited children must no longer fall on deaf ears and closed minds”

(Mandela, 1996).

1.1 Introduction

This introductory chapter examines the nature and scope of child rape, and provides an overview of the purpose, objectives and aims of the study.

1.2 Background to the study

The term ‘culture of violence’ has been used to describe the excessive social, political, criminal and domestic violence in South Africa (Vogelman & Eagle, 1991). Sexual violence against women and children in South Africa has been described as ‘endemic’ (Vogelman & Eagle, 1991). In 1995, the Human Rights Watch report (cited in Lewis, 1997) on domestic violence and rape, dubbed South Africa the ‘rape capital’ of the world, and in recent years there has been a substantial increase in the incidence of sexual violence involving children. The term sexual violence encompasses rape, sexual abuse, sexual harassment, and molestation (Vogelman, 1990). It has been reported that girls under the age of 18 constitute 40% of rape and attempted rape cases nationally (Petersen, Bhana & McKay, 2005). According to Human Rights Watch (2001:1234, cited in Petersen et al., 2005) girls between the ages of 12 and 17 are particularly vulnerable, “reflecting the highest rape ratio per 100,000 of the female population.” There is growing recognition that childhood is not for many children, a ‘golden age’ safely quarantined from the traumas of the adult world (Wattam, 1989). Child rape, in particular has highlighted that the sexual violence of children is not a series of isolated acts but is situated within complex sociocultural arrangements and understandings rooted within the fundamentals of South African society. Despite recent increases in public, media, and research concern with the issue of child rape, not much is known about the disclosure of the phenomenon.

1.3 Definition of child rape

According to Mudaly and Goddard (2006), definitions and terminology are often a complex issue. Categories of child sexual victimisation are perceived as ranging from the 'less serious' (attempted sexual activity or non-touching, for example, exhibitionism and voyeurism) to the 'most serious' category of sexual victimisation (forced sexual intercourse or rape) (Bona, 1996; London Family Court Clinic, 1995; Mudaly & Goddard, 2006). Roberts and Taylor (1993:19) define sexual victimisation as

"incest, rape, masturbation, oral sex, fondling, intimate kissing, genital exposure, sodomy, intercourse with children, lewd and libidinous practices or behaviour towards children, indecently assaulting children, taking indecent photographs of children, and encouraging children to become prostitutes or look at pornographic material. Any child below the age of consent may be deemed to have been sexually abused when any person, by design or neglect, involves the child in any activity intended to lead to the sexual arousal and gratification of that or any other person. This definition holds whether or not there has been genital contact and whether or not the child initiated the behaviour."

Sandler and Sepel (1990) believe that sexual victimisation is any sexual activity, whether it be ongoing or a single occurrence, ranging from sexual overtones to sexual intercourse, between a sexually maturing or mature person and an unconsenting or consenting child who is cognitively and developmentally immature. This pertains whether or not the perpetrator has himself/herself committed the sexual act or has permitted or encouraged the child to indulge in any sexual activity. Finkelhor (1979) highlights that there is no broad consensus or agreement on a definition of child sexual abuse. He adds that definitions are not simply about words, but can affect the meaning of certain practices and the legal course of action (Finkelhor, 1979).

In terms of common law, rape is committed by a man having intentional and unlawful sexual intercourse with a woman without her consent (South African Law Commission, 1999, cited in Richter, Dawes & Higson-Smith, 2004). The passing of the Sexual Offences Bill by the Cabinet and Parliament of South Africa has been welcomed by those in government, non-governmental organisations and society at large. The Sexual Offences Bill has redefined sexual crimes against adults and children and also reformed procedures for the management of sexual offences (Childline, 2007). Moreover, the new Bill is in line with international legislation pertaining to

victims of sexual offences. Included within the Sexual Offences Bill is an expanded definition of rape, which sees the inclusion of anal penetration as rape; the description of victims of sexual offences in gender-neutral terms (i.e., the Bill enjoys freedom from gender bias); and the removal of the emphasis placed on absence of valid consent by the victim to focus instead on the action's of the perpetrator (Childline, 2007). Childline (2007) feels that the new definition is congruent with how children in rural communities often experience rape (i.e., in rural communities; female children are often anally penetrated in order to avoid the detection of the sexual assault during virginity testing). Furthermore, Section 15 of the Bill includes the declaration of children and victims of sexual offences as vulnerable witnesses (Childline, 2007). Childline (2007) believes that by doing so, the Bill will ensure that the victims of sexual offences will be afforded the protection required to facilitate the laying of charges and the giving of evidence.

Notwithstanding the achievements the Sexual Offences Bill brings for victims of sexual assault, the attempt to define child rape has met with limited success. Bona (1996) and Fieldman and Crespi (2002), recommend that child rape be seen as (non-consensual or consensual) vaginal, anal, or oral penetration (insertion of a penis, hand, finger or object) with a minor, a minor being a child 18 years of age or younger. Thereafter, child rape can be further divided into two sub-categories: incest or intrafamilial rape, which is sexual relations between a child and a family member, extended family member, parent/caregiver; and extrafamilial rape, which is the term used to describe cases where the perpetrator is not a member of the child's family (Valente, 2005). For the purpose of consistency and clarity in this dissertation, the definition of child rape proposed by Bona (1996) and Fieldman and Crespi (2002), and the description of intra and extrafamilial rape outlined by Valente (2005) will be used.

1.4 Incidence of child rape in South Africa

In South Africa, as is the case worldwide, the actual prevalence of child sexual victimisation remains uncertain (Lewis, 1997). Vogelman and Eagle (1991) assert that rape is at the forefront of violence against women in South Africa. Similarly, Sandler and Sepel (1990) assert that child rape has emerged as one of the most common forms of child abuse in South Africa. Collings and

Wiles (1994) concur that rape is the most frequently reported sexual crime perpetrated against children in South Africa. Statistics from the South African Police Services (SAPS) indicate a huge increase in reported sexual offences against children over the past five years (Akal, 2005). According to SAPS's statistics, in 1996 there were a total of 13 859 reported extrafamilial rapes of children in South Africa (SAPS, Semester Report 1, 1999). The statistics cited above reflect an increase in the numbers of reported extrafamilial rapes, with a total of 10 037 reported extrafamilial rapes in 1995; and 7559 in 1994 (SAPS, Semester Report 1, 1999). According to the Child Protection Unit (CPU) of the South Africa Police Services (SAPS) there was a 108% increase in reported rape cases of children between 1993 and 1999 (Mutimbe, 1999).

Jewkes and Abrahams (2002) found that approximately 1.6% of South African women report rape before the age of 15 years, with children in the 10- to 14-year age category facing the highest risk of victimisation. More specifically, data on the epidemiology of girl child rape is available from the 1998 South African Demographic and Health Survey (Department of Health, 1998). The majority of rape cases first occurred between the ages of 10 and 14 (85.4% of rape, 80.5% of fondling, and 75.6% of touching a man), with one-third of the rapes being perpetrated by school teachers and 21% by relatives. Forced sexual initiation is therefore common for many young girls. In 1999, South Africa reported prevalence rates for sexual abuse ranging from 7% to 34% among girls and from 3% to 29% among boys (WHO, 1999). In a study conducted by Martin (1999) in Johannesburg, 12.2% of rape victims were 16 years and younger. Moreover, rapes committed on those children who were 16 years and under were more often perpetrated by men known to the children. A study conducted by van As, Withers, du Toit, Millar and Rode (2001) in Cape Town, found however, that children in the 2- to 6-year age category were found to face the highest risk of victimisation. Similarly, in Larson, Chapman and Armstrong's (1998) study of 99 children in KwaZulu-Natal, children in the 3- to 5-year age range faced the highest risk of sexual victimisation. In Collings and Wile's (1994) study, the age of the victims ranged from 4 months to 17 years, with an average age of 10.03 years. The highest percentage of victims (43.6%) fell in the 12-to-17-year-old age category, with 34.3% falling in the 6- to 11-year-old age category, and 22.1% falling in the birth- to 5-year-old age category (Collings & Wiles, 1994). Consistent with population demographics, victims are found to be predominantly black (Collings & Wiles, 1994; Jewkes & Abrahams, 2002).

1.5 Disclosure

In South Africa, children seem to be increasingly vulnerable to violent crime, and particularly to crimes of a sexual nature (Lewis, 1997). Given the clandestine nature of child rape, there are rarely any witnesses to testify on the child victim's part that the sexual victimisation did indeed take place. Often the child's disclosure of their rape experience(s) is the only evidence that the rape(s) occurred. Thus, a child's disclosure is often the only means by which sexual victimisation can come to the attention of concerned adults thereby allowing the sexual victimisation to be halted, its immediate effects addressed (invariably emotional trauma, physical injuries, and/or sexually transmitted diseases), and the perpetrator prevented from continuing to victimize children (Bona, 2006). However, a deterring factor against disclosure (both for child rape victims, and to a larger extent, rape victims as a whole) is South Africa's extremely low conviction rates. According to statistics gathered in Soweto police stations (CIET Africa, 1998) very few rape cases go to court (between 5% to 50% of cases), and of those which do go to court, only between 7%-13% result in conviction and custodial sentences. Moreover, corruption in the form of perpetrators paying to 'lose' case dockets is widely acknowledged as a problem in the South African justice system (Jewkes & Abrahams, 2002). In Umtata (KwaZulu-Natal, South Africa) a case docket can be lost for twenty rand/R20.00 (Jewkes & Abrahams, 2002). Many children are therefore reluctant to disclose their rape experience(s) and risk further victimisation because they anticipate that ultimately their actions will not lead to the perpetrator being punished (Jewkes & Abrahams, 2002; Lewis, 1997).

Withholding disclosure, however, may increase the likelihood that child rape victims will continue to be sexually victimised. Research carried out by the London Family Court Clinic (1995) found that children who do not disclose often continue to be sexually victimised for years. The obvious problem that society is faced with is this that unless children come forward and disclose (expose/reveal/report) the details of the sexual victimisation to a recipient (peer), confidant (trusted adult), or authoritative body (for example, Childline or the Police) – the unwanted sexual contact can continue for very long periods of time, or involve other children (Harrison, 2005). In order to make a disclosure, a child victim must make public an event that is likely to involve some combination of personal shame, fear, or anticipation of negative consequences (for example, disbelief, stigmatization, blame) (Smith, Letourneau, Saunders,

Kilpatrick, Resnick, & Best, 2000). Furthermore, in cases of intrafamilial rape, child victims often experience significant emotional conflict about making disclosures that implicate caregivers or other loved ones, and may fear family disruption (Smith et al., 2000). Children therefore have great difficulty in disclosing their sexual victimisation.

1.6 The extent of disclosure

It is well documented that child rape is underreported and that most children do not disclose their victimisation at the time the event occurs (London, Bruck, Ceci, & Shuman, 2005). A review of the literature suggests that sexually assaulted child victims who disclose their experiences represent a departure from the norm with estimates of non-disclosure ranging from 33% to 92% for females (Bagley & Ramsey, 1986; Faller, 2004; Finkelhor et al., 1990; Lyon, 2002; Palmer et al., 1999; Russel, 1986; Russel & Bolen, 2000; Smith et al., 2000; Ullman, 2003) and from 42% and 100% for males (Collings, 1995; Finkelhor, 1979; Finkelhor et al., 1990; Johnson & Shrier, 1985; Lyon, 2002). London et al. (2005) observed in their review of the literature that disclosure rates in formal and informal contexts range from 43% to 74% when the samples involved non-substantiated cases (absence of confirmatory medical examination) of child rape, and from 76% to 96% when the samples comprised substantiated cases (confirmatory medical evidence that penetration had taken place). Hooper's (1990, cited in Roesler, 1994) anonymous survey of women revealed that 47% of the women who identified themselves as having been sexually victimised in childhood had never told anyone of the rape.

With respect to the immediacy of disclosing, Faller (1989) points out that only a minority of victims report their crimes immediately, while another 33% disclose within 48 hours. In a sample of 200 children, Goodman-Brown et al. (2003) found that 42% disclosed sexual abuse within 48 hours of the last abuse, while 15% did not disclose within six months. In a smaller study of 47 children, Sjoberg and Lindblad (2002) reported a mean delay of one year between first incident of abuse and disclosure, with 62% of their sample disclosing within one month of the first sexual assault incident (Bona, 1996). When controlling for the effects of age of the child victim on disclosure, Kellog and Hoffman (1995) reported that 85% of their 12- to 17-year-old respondents reported their sexual victimisation when it occurred. Bradley and Wood (1996)

reported that 72% (234 participants) of the 4- to 18-year-olds in their sample disclosed their sexual victimisation when it occurred. Gries, Goh and Cavanaugh (1996) found that 64% (96 participants) of the 3- to 17-year-olds evaluated in their study disclosed their sexual victimisation when it occurred. Lastly, Goodman-Brown et al. (2003) found that children who experience ongoing sexual victimisation take longer to disclose as opposed to those children who experience a single incident. This is problematic as disclosure by the child may be the only way in which adults can respond to and stop the sexual victimisation.

1.7 The need for a child-centred approach

According to Roberts and Taylor (1993), the literature describing the disclosure process of child rape victims draws mainly from adult accounts (caregivers, social workers, police reports) of what children have said to them during disclosure or during different stages of treatment in the aftermath of disclosure, or from adults who never disclosed as children.

Previously, it was assumed that children are too young or unable to tell of their experiences (Greene & Hill, 2005). However, the legal view that children are incapable of making critical decisions on matters that affect them has begun to be challenged by researchers, jurists, policymakers, and scholars alike (Mudaly & Goddard, 2006). The United Nations Convention on the Rights of the Child (1989, cited in Greene & Hill, 2005) was at the forefront in encouraging children's rights to be considered, at having children participate in research that concerns them, and at having their opinions sought. Parton (2004, cited in Mudaly & Goddard, 2006:25) highlights that research has revealed a considerable failure to "engage and communicate directly with children themselves about their feelings and circumstances." Mudaly and Goddard (2006) believe that a move towards child-focused research requires giving recognition to children's views, and finding a way to listen to and hear what children think, feel, and need. For this to happen, Leach (1990, cited in Mudaly & Goddard, 2006:35) argues "society has to recognise them (*children*) as real, individual human beings with rights of their own, rather than as appendages of parents (or other adults) who have a right to own them."

Much has been written recently on the need for a child-centred approach when carrying out research with children (Greene & Hill, 2005; Mudaly & Goddard, 2006; Roberts & Taylor, 1993). There is now an increasing recognition of even very young children's competence to comment on their own lives and be involved in decision-making. Bannister et al. (1990, cited in Mudaly & Goddard, 2006) emphasize that the importance of listening to children is the foundation upon which adults can give children their rights as people and ensure that their voice is heard when it comes to decisions and policies which affect them. The Australian Childhood Foundation's (2001, cited in Mudaly & Goddard, 2006) core belief when carrying out research is that child-centred practice should reflect a particular set of beliefs about the capacities, vulnerabilities, and rights of children. Moreover, its core is a commitment to children's ways of understanding, describing and doing (Australian Childhood Foundation, 2001, cited in Mudaly & Goddard, 2006). Butler et al. (2003, cited in Jewkes & Abrahams, 2002:13) note that "children are the only reliable witnesses of their own experience." Current child-centred research therefore seeks to privilege the voices of children which might otherwise be drowned out by adults and the criminal justice system (Alaggia, 2004).

1.8 Rationale, purpose and objectives, and aim of the present research

Despite the sizeable literature on child rape victims' disclosure patterns, a gap remains regarding the need for an increased knowledge of how disclosure is experienced by children themselves. As mentioned above, in recent years there has been a growing move towards child-focused research, with the emphasis being on doing research not *on* children but *with* children. The children were therefore not 'inserted' into the present research but formed the 'backbone' of the research (Mudaly & Goddard, 2006). In the present study the children's voices were the primary focus and their experiences of disclosing their rape experience(s), as described by them, the essence. A concerted effort was made to ensure as little influence as possible over the voices of the children who participated in this research. They were encouraged to express their experiences of disclosure in whatever way they chose.

The objective of the research was therefore related to gaining a greater understanding of the complex dynamics of disclosure the child experiences i.e., elucidating the subjective meaning of

disclosure for children, as well as exploring the circumstances/factors that facilitate or hinder childhood rape victims' disclosure. This research aimed at accessing children's lived experience of disclosure and therefore remains a relevant area for ongoing research endeavours. Furthermore, it is hoped that this research will affect children positively through its impact on thinking, policy, and practice.

1.9 Chapter Outline

This research dissertation has been structured according to the following format:

- Chapter 1: The background and introduction; rationale; purpose and objectives; and aim of the present study are presented.
- Chapter 2: A review of the literature is presented.
- Chapter 3: The present study is introduced; the research methodology (sampling technique, data collection and how the data was analysed) is described; and included is a reference to ethical considerations.
- Chapter 4: The findings of the research are presented.
- Chapter 5: The research findings are integrated and compared with the aims of the research, and the literature reviewed. Lastly, the implications of the findings, recommendations made and conclusion form the final section of Chapter 5.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature relating to disclosure in child sexual abuse/rape. Areas covered include: models of disclosure, the nature and context of disclosure, and factors facilitating and inhibiting disclosure.

2.2 Models of disclosure

“Disclosure is not a door victims enter, it is a line victims walk back and forth many times before moving forward” (Salter, 1995:243, cited in London et al., 2005).

Various researchers have attempted to explore and conceptualise the different stages or processes comprising disclosure in child sexual abuse, from the first offence to the disclosure of the offence. A review of the literature indicates that the following models have been proposed to conceptualise disclosure: two stage-based models (Sorenson & Snow, 1991; Summit, 1983), a social-cognitive model (Bandura, 1986, cited in Bussey & Grimbeek, 1995), and Staller and Nelson-Gardell’s (2005) three-phase model of disclosure. The first two models proposed are stage-based and posit that disclosure must be understood as a process that is resolved through numerous stages. The latter two models are theory-based and argue that the disclosure process must be understood in the light of particular theoretical orientations.

In 1983, Summit, published a formal description of his conceptualization of disclosure as a process. The purpose of his model, termed the ‘Child Sexual Abuse Accommodation Syndrome’ (Summit, 1983) was to outline for clinicians why child victims of intrafamilial abuse may be reluctant to disclose abuse. Summit’s (1983) model consists of 5 stages: secrecy; helplessness; entrapment and accommodation; delayed, unconvincing disclosure; and retraction of the disclosure. In the vast majority of cases, sexual victimisation occurs only when the child is alone with the offending adult (Bradley & Wood, 1996). Regardless of the means by which the perpetrator invokes the child to keep the victimisation a secret, secrecy inherently conveys to the child that the abuse is something bad and shameful (Paine & Hansen, 2002). Perpetrators

foretell that disclosure will result in dire outcomes for the victim, loved ones, and the perpetrator. The message imparted to the child is, “maintaining a lie to keep the secret is the ultimate virtue, while telling the truth would be the greatest sin” (Summit, 1983:185). Thus, Summit (1983:182) argues that the expectation that children will self-protect and immediately disclose “ignores the basic subordination and helplessness of children within authoritarian relationships.” Moreover, children are taught from a young age that they are expected to be obedient, even affectionate, with adults responsible for their care (Paine & Hansen, 2002). Summit (1983) argues that faced with a seemingly inescapable situation in which the child feels helpless, learning to accommodate to the sexual victimisation is the only healthy alternative available. According to Summit (1983), the means by which children accommodate include, but are not limited to, assuming personal responsibility for the abuse, adopting the distorted beliefs of the perpetrator, dissociating, and suppressing or repressing memories of the abuse. As previously mentioned most victims of ongoing abuse never disclose their sexual victimisation (Summit, 1983). When they do, delayed disclosure is the norm. Bona (1996) adds that the delayed, unconvincing and conflicted manner in which victims disclose casts doubt on their credibility, invalidates their complaint, and adds to the level of disbelief the child encounters. Summit’s (1983) last stage concerns the aftermath of disclosure, when the child’s anticipated fears regarding disclosure often become reality. Faced with the disbelief of others, lack of support, and the upheaval following disclosure, the child may retract the allegation of sexual assault in an attempt to undo the damage and restore their, and their family’s previous way of functioning.

It has been argued that the most valuable contribution of Summit’s (1983) Child Sexual Abuse Accommodation Syndrome model is that it highlights that a child’s fears about the potential dissolution of their family, or safety concerns, make a significant contribution to a child’s recanting, and that when children do reveal their sexual victimisation, disclosure will be incremental (over time) – a process that will often include outright denials and recantations of prior disclosures, and then reinstatements of the sexual assault (Alaggia, 2004; London et al., 2005). Summit’s (1983) model thus received much attention and has had a large impact in the field of child sexual abuse. His 1983 paper is a citation classic and has been rated by professionals as one of the most influential papers in the field of child sexual abuse (Bona, 1996). Nonetheless, in his original article, Summit (1983) stated that the Child Sexual Abuse

Accommodation Syndrome model was based on an empirical foundation. Despite this claim, however, the paper contained no data and seemed to be predicated solely on clinical observations.

Paine and Hansen (2002) believe that the deficits of Summit's (1983) model were partially rectified by findings of a study conducted by Sorenson and Snow (1991), which produced findings consistent with Summit's (1983) views. Sorenson and Snow (1991), similarly, conceptualized disclosure as a process with multiple steps. Sorenson and Snow's (1991) process-based model of disclosure identified four stages: denial, disclosure (both active and tentative), recantation, and reaffirmation. According to Sorenson and Snow (1991), children will initially deny that they have been sexually victimised, when suspicions of the abuse are raised or when they are questioned about it. The second stage is 'disclosure,' which comprises two stages: tentative disclosure, which is characterised by a reluctance to discuss the abuse and then active disclosure or a complete statement about the abuse (Bradley & Wood, 1996). 'Recantation' of the allegations is proposed as the third stage, where children retract an earlier allegation of sexual victimisation. The last stage consists of a 'reaffirmation' of the allegations (i.e., children firmly and purposefully disclosed their sexual victimisation). Sorenson and Snow (1991) selected 116 cases of 'confirmed' child sexual abuse cases from a larger sample of 633 children who were involved in child sexual abuse allegations from 1985 to 1989. Sorenson and Snow (1991) reported that 72% of children denied abuse when first questioned by either a parent or an investigative interviewer; only 7% of these deniers immediately moved into an 'active disclosure' stage which involved detailed, coherent, first-person descriptions of the abuse. Thereafter (78%) moved into a 'tentative disclosure' stage with partial, vague, or vacillating disclosures of sexual abuse (Sorenson & Snow, 1991). Eventually, 96% of children made an active disclosure (Sorenson & Snow, 1991). Sorenson and Snow (1991:15) concluded that "these findings may reinforce the importance of viewing disclosure as a process with phases that, like developmental tasks, can be resolved."

Although, the abovementioned two stage-based models initially formed the backbone of the disclosure literature, both models, have been challenged by subsequent research (Staller & Nelson-Gardell, 2005). Bona (1996) argues that whilst stage-based models of disclosure are very helpful, they do not provide a way to determine which children are likely to pass through

which stages. Nonetheless, their central theme of disclosure as a process rather than an event served as a powerful shaping force both for clinical practice, subsequent disclosure literature, and how disclosure would now be perceived. More recently, several models have been proposed to help make sense of the disclosure process. These theoretical models attempt to isolate those factors which inhibit children from disclosing their rape experience(s), and undermine their confidence or willingness to sustain their allegations.

Bussey and Grimbeek (1995) have proposed a comprehensive model of the disclosure process derived from social-cognitive theory. Citing the work of Bandura (1986, cited in Bussey & Grimbeek, 1995), they note that social-cognitive theory advances a “dynamic interactional model in which disclosure is multidetermined” (Bussey & Grimbeek, 1995:175). Social-cognitive theory pays attention, not only to children’s cognitive abilities, but also to social and motivational factors that may affect disclosure (Bona, 1996). Cognitive abilities comprise attention, retention, and production processes. ‘Attentional’ processes require that the sexual victimisation be attended to i.e., noted by the child that something (and something wrong at that) is happening to them (Bona, 1996). ‘Retention’ processes require that the child transforms the experience that they attended to into one that is encoded and stored in memory so that it can later be remembered and disclosed (Bussey & Grimbeek, 1995). Research shows that the younger the child, the less information will be reported during free recall. ‘Production’ processes refers to the verbal skills needed by children to report the rape, in that, children need to have an adequate memory of the events that took place and the necessary skills to communicate the details of those events (Jensen et al., 2005). Bussey and Grimbeek (1995) maintain, however, that simply having the abovementioned skills will not guarantee that the child will disclose their sexual victimisation.

Social-cognitive theory takes cognisance of the fact that there are often multiple facilitators and inhibitors to disclosure. Bandura (1986, cited in Bussey & Grimbeek, 1995) distinguished three motivational determinants of whether a child will actively disclose or not disclose: external influences (fear of disbelief, punishment following disbelief, punishment from the perpetrator or belief that the disclosure will be met with support); internal influences (embarrassment, self-blame, or feelings of empowerment to disclose); and self-efficacy (the child’s belief/lack of

belief in his/her ability to effectively disclose the rape experience). Social-cognitive theory illustrates that children's disclosure of rape incident(s) is not only dependent on their competence to report the information, but also on their willingness to do so. However, the social-cognitive model has been critiqued as it fails to take account of the actions and reactions of the disclosure recipient, which are significant in informing decisions to continue to disclose or not (Staller & Nelson-Gardell, 2005). Staller and Nelson-Gardell's (2005) three-phase of disclosure model has produced the most consistent findings in research studies. The three phases that were identified were 'Self,' where children come to understand the rape internally or at the intrapersonal level. Some children (especially younger ones) simply do not disclose because they lack the self-awareness that they have been raped. 'Confidant Selection-Reaction,' where children select a time, place and person to tell, and which moves disclosure to the interpersonal level and 'reaction,' involves the assessment by the child of the confidant's reaction (good/bad) to the disclosure (Staller & Nelson-Gardell, 2005). 'Consequences' (good/bad) that are experienced as a result of disclosing is the third phase that continues to inform children's ongoing strategies of disclosing their rape experience(s) (Staller & Nelson-Gardell, 2005). Disclosure is thus not a one way process, as children receive, process, evaluate, and react to information based on how adults respond to them. Noteworthy is that all of the above models have conceptualised the process of disclosure from an adult's perspective, and thus fail to consider the spectrum of positions a *child* might take relative to an incident(s) of rape.

2.3 Patterns of disclosure

More than 20 years ago, Sgroi (1982) identified the patterns of purposeful and accidental disclosure. Subsequently many researchers have sought to classify the ways in which children disclose – from the simple dichotomy of purposeful and accidental, to more involved categorisations. A review of the older literature reveals that three broad categories (purposeful, accidental and prompted/elicited) were used consistently to describe children's disclosures. Subsequent research highlighted that additional categories are needed in order to define disclosures more specifically, as disclosure can assume many forms. In addition, disclosure is found to vary along a number of dimensions – intent: purposeful versus accidental; spontaneity: spontaneous versus elicited; detail: explicit versus vague; latency: immediate versus delayed; and

temporal duration: an event versus a process (Collings, Griffiths & Kumalo, 2005). To date, the disclosure literature has identified a wide range of disclosure patterns.

Purposeful – “*I just described what he did to me one day*” (Alaggia, 2004:1218). Purposeful disclosure is used to describe disclosures with the specific intent of revealing the sexual abuse. Collings et al. (2005:276) defined purposeful disclosure as a “spontaneous (out of the blue) and unambiguous verbal statement of sexual victimisation by the child.” In purposeful disclosure, the child with no outside encouragement breaks the silence on their own initiative. Alaggia (2004) argues that direct verbal attempts as well as intentional behavioural attempts are also indicative of a purposeful pattern of disclosure.

Indirect Disclosure – “*Ask your husband what his deepest, darkest secret is*” (London Family Court Clinic, 1995:141). Recent literature has identified the category of indirect disclosure, defined as vague or ambiguous comments that do not constitute an explicit disclosure of sexual abuse, but nevertheless alert caregivers to the fact that something is not quite right (Collings et al., 2005). Sometimes referred to as a ‘veiled’ disclosure in the literature, this pattern describes those situations whereby a child gave hints and clues, and disclosed in a language which is not comprehensible as a disclosure to adult ears (Alaggia, 2004). The 13% of children who made indirect disclosures in the London Family Court Clinic (1995) study described the clues/hints they left in the hope that their parents/caregivers would recognise as a veiled disclosure. The following clues/hints constituted the indirect disclosures the children in the abovementioned study made: derogatory statements about the perpetrator; left diary open in a conspicuous place “I wrote it in my diary, and put my diary out in the open”; asked questions about pregnancy in young children; encouraged parents to watch television programmes on child sexual abuse “while watching a TV movie on sexual abuse, I said ‘Mom, this is a really good movie – you should watch it!’” (London Family Court Clinic, 1995:141). This pattern of disclosure thus requires outside intervention (i.e., someone needs to recognise the child’s cues and prompt further). Extensive questioning by adults may lead to the eventual disclosure of abuse by the child. This category therefore overlaps with the category mentioned below.

Prompted Or Elicited Disclosures – “Why do you keep drawing pictures of naked men?” (Jensen et al., 2005:1402). This pattern of disclosure is most commonly used to describe those disclosures made in response to adult questioning. For example, the child’s statement that they “don’t want to visit grandpa” requires an explanation, therefore for some children the parent/caregiver’s questioning and prompting provides the much needed opportunity to talk about the sexual assault (Jensen et al., 2005). Thus, this pattern of disclosure may be defined as a spontaneous and ambiguous verbal comment by the child, which while not constituting an explicit disclosure of their sexual victimisation, nevertheless alerts an adult that something may be amiss (Collings et al., 2005). In addition, this pattern of disclosure also includes those situations whereby a child may disclose for the first time during a formal investigation which has been carried out because of a suspicion of sexual abuse (Keary & Fitzpatrick, 1994). Elicited or prompted disclosures therefore most commonly arise through investigative interviewing (Bona, 1996).

Accidental – “She came in and saw what he was doing to me. She just stopped it, took me out of the room and asked me if it had happened before” (Alaggia, 2004:1218). Subsumed under the pattern of accidental disclosure is observation of the sexual assault by a third party (eye-witnessing), detection of a medical injury (injury to outer genitalia), or discovery of the presence of a sexually transmitted infection (Bona, 1996). Eye-witness detection refers to a situation where the sexual assault was directly witnessed by another party who then reports the rape directly to the authorities. In addition, accidental disclosures also encompasses those situations where a third party becomes concerned about the child’s welfare because of observed injuries (for example, bruising of the genitalia) or suspicion of a sexually transmitted infection (for example, finding sores on the child’s anus) (Alaggia, 2004). As Sgroi (1982) noted, in this pattern of disclosure the sexual victimisation is revealed by chance rather than through a deliberate effort on the part of the child victim.

Behavioural – “I kept trying to go in different rooms [when my uncle came to visit] to get away. Mom should have noticed” (London Family Court Clinic, 1995:141). This pattern of disclosure comprises those intentional and unintentional behaviours the child presents with in an attempt to disclose (i.e., the child does not tell about the victimisation verbally but discloses through

behavioural manifestations) (Alaggia, 2004). The child will often display symptoms that are associated with sexual abuse – conspicuous avoidance of the offender; sexualised behaviour and play; clinging; temper tantrums; aggressive outbursts; running away and changes in the child’s emotional status. It is through the use of non-verbal behaviours that the child tries to convey a message that something is wrong (Collings et al., 2005). It is therefore important that these behaviours are not dismissed. Regarded as an emergent pattern of disclosure, behavioural disclosure is also depicted as the most problematic pattern of disclosure, as it is difficult to interpret the complex and subtle cues that comprise the behavioural manifestations (Alaggia, 2004).

Delayed – “I wish I could have told like my mom about what had happened... but I never would have told because I don’t like to hurt them and I have seen them have a lot of hurt and I don’t want to hurt them anymore by burdening them with my stuff” (Alaggia, 2004:1219). A concerning dynamic occurs when victims delay or completely withhold disclosure of rape. Delayed disclosure is a common occurrence where the child is relatively powerless compared to the offending adult (Alaggia, 2004). Hence, the pattern of delayed disclosure refers to those situations where a number of months have passed between the first rape experience and the child’s disclosure of the rape (Collings et al., 2005).

Disclosure Intentionally Withheld – “I couldn’t come out and say it” (Alaggia, 2004:1219). This pattern of disclosure consists of those situations where, though fully aware that they have been sexually victimised, the child intentionally decides to withhold their disclosure and refrains from telling, and those situations where a child tries to disclose but finds they are unable to verbalize a disclosure and thereafter decides to maintain the secret (Jensen et al., 2005). For example, one girl wanted to tell her mother about the incestuous behaviour of her father but found she could not put into words what he was doing to her – “I’d just say, Mom... and then stop, and then just say, I love you...” (London Family Court Clinic, 1995:140).

Tentative Disclosure – “I don’t want your boyfriend to baby-sit me!” (Jensen et al., 2005:1402). Tentative or trial balloon disclosures occur when children test the waters with small pieces of information to see how the disclosure recipient reacts (London Family Court Clinic, 1995).

Some children may test the waters by framing the disclosure as a joke, with any sign of disbelief resulting in the child retracting the statement and insisting that it had been a joke. This is illustrated in the following example where a boy was horsing around with a school mate, who joked that their play fighting was child abuse (London Family Court Clinic, 2005). When the boy said that he knew about child abuse because something had happened to him, the school mate looked so horrified that the boy quickly retracted and said he had been joking (London Family Court Clinic, 1995). Those children who receive a negative reaction may deny the abuse altogether when asked a direct question, while those children who receive a positive reaction, in most cases complete the disclosure (Jensen et al., 2005). Many children may also resort to using incremental disclosures as a basis for revealing their rape experiences. Gonzales et al. (1993) explain that children often disclose hesitantly, releasing partial information and waiting for reactions before disclosing more. Furthermore, this pattern of disclosure also includes those situations where a child started to tell someone about the sexual victimisation but stopped because the intended recipient was not picking up on the message.

Although described as separate categories, Alaggia (2004) warns that the abovementioned types or patterns of disclosure should not be seen as necessarily discrete or mutually exclusive, for example, non-behavioural ways of telling in many cases often sometimes precede prompted/elicited disclosure. Noteworthy is that the patterns of disclosure described correspond respectively with the abovementioned dimensions of intent, spontaneity, detail, latency and temporal duration (Wasserman, 1991).

Studies have been conducted in order to evaluate the frequency of the different disclosure styles, however, little consistency has been established. In two studies (Higson-Smith & Lamprecht, 2004; Sauzier, 1989) purposeful disclosure emerged as the predominant disclosure pattern style. According to the parents of the 82 children sampled in Berliner and Conte's (1995) study, in only 43% of the cases did their children directly tell them (i.e., purposefully disclosed the sexual assault). In the remaining cases, the parents noticed physical evidence (4%), behavioural change (11%), or asked the child if anyone had touched them (10%) (Berliner & Conte, 1995). In a further 32% of cases, the parents found out that their child had been sexually assaulted through others (Berliner & Conte, 1995). In Hershkowitz, Lanes and Lamb's (2007) study, 14% of the

children disclosed purposefully, with 43% of the children disclosing after they were prompted. In the London Family Court Clinic (1995) study, 33% of the children told (purposefully) soon after the first incident and in Sauzier's (1989) sample, 24% of the children purposefully disclosed within one week. Recent South African research undertaken by Collings et al. (2005) contributes to our understanding of the disclosure patterns South African children may engage in. In Collings et al.'s (2005) study, 30% of the cases contained purposeful disclosures by the children; 9% of the cases involved indirect disclosure; 18% of the cases comprised eye witness detection, and the remaining 43% of the cases were discovered through accidental detection. Berliner and Conte (1995) concluded that in most available studies, disclosure was found to be an independent and deliberate act in just under 50% of cases.

The motivations, or apparent intentions, of children who purposefully disclose were explored in research undertaken by the London Family Court Clinic (1995). Findings of this study revealed that 37.1% of the children reported that they purposefully disclosed because they wanted to inform a parent of what happened, 24% reported they had purposefully disclosed because they were angry about what the offender did to them, 22% reported that they felt the need to get the abuse of their chests, 17% disclosed to get the offender out of the home and thereby stop the sexual abuse, 9% wanted to protect a sibling from the offender, 8.6% disclosed because they wanted the assault to be reported to the police, 6.9% disclosed for safety purposes (i.e., they felt disclosure would allow them to avoid any further contact with the offender), and 5% wanted to protect other children from abuse by the same offender (London Family Court Clinic, 1995).

However, a review of available research on disclosure patterns carried out by the London Family Court Clinic (1995) indicated that purposeful disclosures by sexually victimised children are a rare occurrence. This is inconsistent with Berliner and Conte's (1995) conclusion but consistent with findings by Jensen et al. (2005) and Sgroi (1982), who argued that purposeful disclosure characterises only a minority of disclosure reports. Jensen et al. (2005) argue that the majority of cases come to light through accidental disclosure, where it is through external circumstances that another (caregiver/parent) is alerted that the child is being abused sexually. It is neither the child victim nor the adult perpetrator who come forward with the information. According to the London Family Court Clinic (1995) the abusive acts which are most often accidentally witnessed

are fondling (56% of cases), vaginal intercourse (19% of cases), and oral/genital contact (15% of cases). Gonzales et al. (1993) argue that the inconsistency that characterises the abovementioned patterns of disclosure arise as a result of the numerous variables which impact on disclosure. These variables will now be reviewed.

2.4 Context of disclosure

“It occurred out of a sense of urgency – I just wanted to be out of the house” (Staller & Nelson-Gardell, 2005:1422).

A small body of literature has explored the context in which children disclose, including the reasons why children disclose at a particular time and place, and the choice of confidant selected (Bona, 1996; Staller & Nelson-Gardell, 2005). Jensen et al. (2005) identified that three factors ‘opportunity, purpose and communication’ are central for disclosure to take place. Staller and Nelson-Gardell (2005) argue that the probability of disclosure occurring is enhanced if the child perceives that there is an opportunity to talk, a purpose for speaking, and a connection to what they are talking about. ‘Opportunity’ takes into consideration the problem of timing and location – the need to carve out a safe disclosure space, which may not always be easy to do, even if the child has found someone with whom they can confide (Staller & Nelson-Gardell, 2005). Although difficult, Berliner and Conte (1995) maintain that providing a safe space (both physically and emotionally) is critical in encouraging disclosure, particularly if the offender lives with or has repeated access to the child.

However, simply being given the opportunity to talk is not always sufficient for children to disclose their rape experience(s). Jensen et al. (2005) highlight that the disclosure context is one that must not only be safe, but constitute a situation that offers privacy and time (i.e., disclosure should not arise through a hasty encounter between confidant and child). In addition, Jensen et al. (2005) believe children must feel that there is a purpose to disclosing. Thus ‘purpose’ may therefore be described as children having a good reason to disclose, to feel that they would be listened to, and that their motives for talking would not be distrusted (Staller & Nelson-Gardell, 2005).

Regarding choice of confidant, for many children 'trust' features predominantly in their calculations of whether to disclose to a particular confidant or not (Keary & Fitzpatrick, 1994). A child must assess whether a confidant will use the knowledge of disclosure in a careless way (for example, to foster gossip) or will use it to advocate for support and protection of the child (Petrino et al., 1996, cited in Staller & Nelson-Gardell, 2005). Staller and Nelson-Gardell (2005) summarise that disclosure as a context bound, dialogical process becomes less difficult if children are able to select favourable circumstances in which to disclose and receive tacit permission from the confidant to proceed.

2.5 Disclosure recipients

"The first person to tell, be sure it's somebody you can talk to... so if you can't tell anybody else, then maybe you can depend on them to help you" (Staller & Nelson-Gardell, 2005:1422).

With respect to disclosure recipients, researchers are divided in their beliefs and findings as to who children choose as their initial confidant. Evidence exists in the literature that the two main categories of recipients are either parents or caregiver figures, or friends/peers (Arata, 1998; Berliner & Conte, 1995; Henry, 1994; Roesler & Wind, 1994).

Jensen et al. (2005) argue that from Sauzier's initial landmark study in 1989, mothers have been by far the most likely disclosure recipients. In Arata's (1998) study, the majority (58%) of the children chose their mother or caregiver figure as their initial confidant. The remainder of the children reported that they disclosed to a friend or a sibling (54%), to their father (36%), or told another adult who was not their primary caregiver or parent (26%). Consistent with Arata's (1998) study, Berliner and Conte (1995) found that children in their study reported that they had told their mothers first in almost half of the cases (48%), and their fathers first in 5% of the cases. Jensen et al. (2005) therefore conclude that of those children who do disclose their sexual victimisation, 82% choose a parent/caregiver figure as their initial confidant. Bona's (1996) research yielded similar findings with the majority (53%-82%) of children in her study disclosing initially to a parent or caregiver figure. Within the parent/caregiver category of disclosure recipients, mothers, as opposed to fathers, were almost always the first parent to learn of the disclosure (Keary & Fitzpatrick, 1994). In addition, mothers generally played a greater

role in the disclosure and were more likely to have received a disclosure (49%) than were custodial fathers (19%). According to the London Family Court Clinic (1995), non-custodial biological fathers are even more marginalized from the disclosure process but usually because they have little to no contact with their children. More than one quarter of the non-custodial biological fathers in the study were never told of their children's sexual victimisation (London Family Court Clinic, 1995).

Research carried out by the London Family Court Clinic (1995) with 524 sexually abused children revealed that the most likely recipients of disclosure were parents/caregivers (36%), followed by peers/friends (16%) who went on to tell an adult, the police (15%), and educators/teachers (8%). The children in Bradley and Wood's (1996) study selected their recipients in a similar manner to the children in the London Family Court Clinic (1995) study, with children most frequently making a first disclosure to a parent/caregiver figure (35%), friend/peer (16%), or school teacher/educator (13%). According to Berliner and Conte (1995), the second largest category of persons told (following parent/caregiver figures) was a friend/peer (17%). Thereafter, children report to other relatives or professionals (Berliner & Conte, 1995).

However, other research findings do not support the view that the most common initial confidants are parents/caregiver figures. In Hershkowitz et al.'s (2007) study, 47% of children first disclosed to friends or siblings, 43% first disclosed to their parents, and 10% first disclosed to other adults. Similarly, Smith et al. (2000) found that friends were the most common confidants. Smith et al.'s (2000) findings are consistent with the research results reported by Roesler and Wind (1994). Notwithstanding the above research findings, Henry's (1997) study revealed that children were about as likely to disclose to a parent (29%) as they were to a friend (27%). Smith et al. (2000) suggest that it is possible that many child victims, fearing the consequences of telling their mothers, may make 'trial disclosures' to friends and use those disclosure experiences to rehearse for the subsequent disclosures to their mothers or parent/caregiver figures. For this reason, disclosure may involve multiple retellings of the rape experience(s) to more than one recipient until some form of protective action is received. This can be seen in Arata's (1998) study, where 24% of the children indicated that they had disclosed to two people, while 26% reported they disclosed to three people and 8% told four people before

they received intervention. Research carried out by the London Family Court Clinic (1995) further explicates how the initial disclosure sets into play a sequence of other disclosures which eventually lead to a report to the police or Child Protective Services. For example, of the 16% of the children who disclosed to their friends/siblings, half of these friends/siblings told an adult who then reported the case, while the other half did not tell anyone, leaving 8% of the 16% who initially disclosed to their friends/siblings to disclose again to another adult before the case was reported to the police (London Family Court Clinic, 1995).

Ullman (2003) suggests that gender also plays a role in the choice of confidant. In the London Family Court Clinic (1995) study, 66% of children disclosed to a female recipient, as opposed to 34% of the children who disclosed to a male recipient. This is consistent with the findings in Keary and Fitzpatrick's (1994) research, where disclosures were almost always made to women, regardless of the sex of the child. Ullman (2003) believes that males are less likely to be selected as disclosure recipients as they are perceived as being less supportive and helpful in the aftermath of disclosure. Lastly, Hershkowitz et al. (2007) believe that the child's age plays a role in the choice of the disclosure recipient. Hershkowitz et al. (2007) found that most of the children aged 9-years-old and below (73%), compared to 13% of the children aged 9-years-old and above, disclosed to their parents first. Hershkowitz et al. (2007) argue that familiarity with the offender also affects who the recipient of the disclosure will be. Children who were familiar with their perpetrators were less likely to disclose to their parents (28%) than children whose perpetrators were strangers (67%) (Hershkowitz et al., 2007).

2.6 Reactions to disclosure

“First they ‘deny you,’ then they ‘discredit you,’ and then they organise the family ‘against you’”
(Staller & Nelson-Gardell, 2005:1424).

Most child rape victims do not experience their trauma in isolation – disclosure of the rape incident(s) allows their family and friends to feel the after shock of their trauma (Regehr, 1990). Often the immediate family is relied upon to provide the necessary emotional and social support to the child rape victim in the aftermath of disclosure. However, this support must take place in the wake of the family's own traumatic reactions (Burton, 2005). Significant others may be

uncertain as to how to react to victims, and may present with a range of behaviours that include withdrawal, criticism, ineffective help, excessive help or inappropriate help, as well as guilt and feelings of ambivalence toward the child (Lewis, 1997). Therefore, even when child victims do decide to disclose and bring the rape experience(s) to light, there is no guarantee that the disclosure recipient will regard the incident in the same light. As Summit wrote, “any child trying to cope with a sexualized relationship with an adult faces an uncertain and highly variable response from whatever personal or professional resources are enlisted for help” (1983, cited in Bona, 2006:7).

Bona (1996) classified three types of reactions to disclosure. A ‘positive supportive reaction’ was defined by the child finding that he/she was believed and treated sympathetically, and that the abuser was held unequivocally responsible (Bona, 1996). A ‘negative punitive reaction’ was defined by the child feeling that he/she was not believed, or that he/she was blamed (at least partly) for the rape, and ‘no apparent reaction’ was defined as a lack of any emotional or practical response to the disclosure, despite the child believing that he/she had communicated the fact that the rape had taken place (Bona, 1996). For the majority of children interviewed across studies, primary reasons for not disclosing were that they feared a negative response (Ullman, 2003).

Estimates of the extent of non-supportive reactions in child sexual abuse disclosure range from 9% to 52% (Arata, 1998; Berliner & Conte, 1995; Roesler & Wind, 1994; Sauzier, 1989, cited in Akal, 2005). Paine and Hansen (2002) note that nearly 1 child in 10 who disclosed their sexual victimization reported their disclosure was received with disbelief. Bolen (2002) maintains that even when the confidant is a non-offending caregiver/other adult, the extent of non-supportive reactions remains considerable (approximately 25%). Moreover, less than half (44%) of the non-offending caregivers in Bolen and Lamb’s (2004) study responded to their child’s disclosure in a fully supportive manner, while only 33% were partially supportive. In the London Family Court Clinic Study (1995), parents in 68% of the cases were supportive, 20% ambivalent, 7% rejecting, 7% took the abuser’s side against the child, parents of 5% entirely disbelieved the allegation and in 4% of the cases the two parents had ambivalent responses. The majority of children in Berliner and Conte’s (1995) study characterised the initial reaction as supportive (54%).

Shock/surprise accounted for 26% of the reactions, while 15% reported that the reaction was one of sadness, 11% anger, and 8% disbelief (Berliner & Conte, 1995). In Hershkowitz et al.'s (2007) study 37% of children received supportive reactions to disclosure and 63% unsupportive reactions. Children who reported being sexually victimised by familiar offender (known to the family, but not a family member) were more likely to face unsupportive parental reactions (89%) than children who reported being sexually victimised by a stranger (25%) (Hershkowitz et al., 2007).

It is noteworthy that in Hershkowitz et al.'s (2007) study, parents were less supportive when their children were victims of serious crimes (92%), and were less supportive when their children were victims of repeated incidents (93%) (as opposed to 37% for victims of a single incident). Moreover, 81% of the children who delayed disclosing had unsupportive parental reactions when they did disclose, as compared to children who immediately disclosed (47%) (Hershkowitz et al., 2007). Lewis (1997) found that respondents attributed significantly more blame to 15-year old victims than to either 7- or 11-year-old victims. Research has shown that younger children are more likely to be believed than older children in part because it is assumed that they would not be falsifying their accounts of sexual victimisation (London Family Court Clinic, 1995). Ullman (2003) found that disclosures to friends were likely to be associated with the most positive reactions of all possible support sources, with parental reactions being less positive than those of other support sources, even controlling for age and gender of the victim disclosing. In addition, Ullman (2003) found that male victims receive less father, parent and sister support, and less family protection after disclosure than females. Ullman (2003) found that correlates of unsupportive responses to disclosure include: older age of child victims, more severe sexual victimisation (more incidents, longer duration), longer delay to disclosure, intrafamilial rape, mother living with or being financially dependent on the perpetrator, and perpetrator denial of the sexual assault.

Children face not only the burden of revealing a frightening and emotional secret, they often face both the disbelief and inaction of their confidantes. Summit (1983) maintains that child rape victims often face secondary trauma in the process of disclosure, if they are subjected to disbelief, rejection, and blame from adults. This form of abandonment by the adults (most crucial to the

child's protection and recovery) may result in feelings of alienation, pain, rage, self-blame, and re-victimization (Summit 1983). In 17% of cases in Collings et al.'s (2005) study the child's initial disclosure did not lead to reporting, because the child was not believed (9%) or because the caregiver took no action (8%). Furthermore, the literature shows that children disclosing intrafamilial rape are most likely to disclose to either their parents or to a non-offending parent. In cases of intrafamilial victimisation, non-offending parents are often forced to respond in some way by either stopping the abuse or confronting the perpetrator (for example, if the perpetrator is either the father, grandfather or some other male family member) (Ullman, 2003). However, for many children disclosure is met with a negative reaction. The child finds that they are blamed, and thereafter encouraged to keep the rape a secret. According to Akal (2005), non-supportive reactions to disclosure can be further sub-divided into two discreet categories: 'primary non-supportiveness' (situations involving indirect disclosure by the child or accidental detection and where caregivers/parents/significant adults do not intervene despite compelling information that the child may have been sexually assaulted) and 'secondary non-supportiveness' (when caregivers/parents/significant adults do not intervene and there has been unequivocal purposeful disclosure by the child, eyewitness detection or medical evidence).

Positive reactions to disclosure in the literature include: belief, validation (saying one is also a survivor), not being blamed/being told it is not one's fault, socio-emotional support (holding the victim, protectiveness), facilitating talking about the effects of child rape, listening, asking helpful questions, having an accepting attitude about the rape and the victim's reactions, and instrumental support (confronting the perpetrator, making sure the rape does not reoccur) (Ullman, 2003). Negative responses include: disbelief, denying, blame, invalidation, belittling, rejection, disgust, hostility, exploitation/victimisation, minimisation, ignoring the disclosure, egocentric responses, accusing the victim of lying, punishing or beating the victim, parental rejection, neglect, indifference, anger, and avoiding talking or listening (Ullman, 2003). The way a recipient reacts to purposeful, partial, accidental or indirect disclosures may be critical to whether a child will tell further. Thus, when disclosures are made, not only is the initial reaction important, but so to is the response of adults who subsequently learn of the information and interact with the child (Bona, 1996).

2.7 Gender

“Boys are socialized not to reveal doubts, weaknesses, and fears, and the fact that since most of the abusers are male, boys have the additional taboo of homosexuality to overcome if they tell”
(Faller, 1989:282).

Little data exist to identify clearly the impact of a child’s gender on disclosure. Available studies have yielded mixed findings regarding the relationship between the gender of a victim and disclosure of sexual abuse/rape. The literature reports a trend toward boy child victims disclosing sexual abuse/rape less frequently than girl child victims (Bona, 1996; Goodman-Brown et al., 2003). Moreover, boy victims are also more likely to delay their disclosure of sexual abuse/rape experience(s) than are girl victims (Alaggia, 2004). Reasons for boys reluctance to disclose their sexual abuse/rape experience(s) may include fears of negative consequences: there is an increased societal stigma associated with male victimisation, the additional taboo of male homosexuality and the consequential labelling of the boy child victim as homosexual, and the societal tolerance of older woman/younger boy sexual relationships (Bona, 1996). Boy child rape victims may thus be influenced by a different set of variables that impede/hinder/obstruct disclosure of their rape experience(s). A few studies have found gender and disclosure to be unrelated (Bybee & Mowbray, 1993; Sauzier, 1989). Paine and Hansen (2002) highlight that the lack of empirical evidence linking gender and disclosure may reflect the fact that underreporting is a significant problem among boys. Although the sexual assault and victimisation of boys is likely to be underreported, it is believed, however, that boys are sexually abused/raped one to three times less often than are girls (Valente, 2005). For this reason, researchers have been able to better study the sexual victimisation of girls, whilst young male victims have remained relatively unexamined. Information about boy child victims’ experience of disclosure is therefore limited and further research is needed to clarify the exact role of gender in disclosure (Valente, 2005).

2.8 Age

“I saw a programme on TV, and then I started to realise that this wasn’t right like I thought it was” (Berliner & Conte, 1995:372).

Numerous studies have explored the impact of age and developmental factors on children’s disclosure of their rape experience(s). With regard to patterns of disclosure, there is considerable research that reveals age-related differences in the dimensions of intent and detail. The literature suggests that disclosure by younger children tends to be vague (Alaggia, 2004). In Akal’s (2005) study, the mean age of the sample was 10.1 years. All the child victims in Akal’s (2005) study disclosed purposefully, which is consistent with the results of previous studies which note that older victims are more likely to engage in purposeful disclosure (Collings et al., 2005; Faller, 1989; Sorenson & Snow, 1991). Preschool and young school-age children appear more likely to disclose accidentally and in response to a precipitating event (Sorenson & Snow, 1991). Behavioural disclosures identified by sexualised behaviour and inappropriate statements were also quite common (Alaggia, 2004).

Keary and Fitzpatrick (1994) noted developmental differences in the willingness to disclose, with older children displaying a tendency to disclose more often than younger children (regardless of whether or not there had been a prior informal or formal disclosure). Similarly, Smith et al.’s. (2000) study revealed that an older age at the time of the first rape incident was significantly predictive of disclosure within one month. According to the results of Smith et al.’s (2000) study, each additional year of age in children is associated with a 1.11 fold increase in the odds of disclosure within one month following the rape incident. For example, the odds of a 17-year-old rape victim disclosing within one month of the rape incident are 2.84 times greater than those for a 7-year-old rape victim disclosing in the same one month period following a rape incident (Smith et al., 2000). Smith et al. (2000) also found that younger victims were more likely to delay disclosure than older child victims. Research carried out by the London Family Court Clinic (1995) indicates that younger children, due to their immaturity and lack of experience, are often unable to recognize the inappropriateness of the perpetrator’s behaviour, and therefore do not disclose immediately. Smith et al. (2000) suggest that one explanation for the more rapid/less delayed disclosures of older child-rape victims is that they may be more aware of the societal standards that govern sexual behaviour and therefore better able to

recognise the magnitude of violation that rape represents. Thus, Smith et al. (2000) argue that it can be expected that those children who are aged 12 and older would not delay disclosure of their rape experience(s) as they are in the age range associated with pubertal onset and the development of sexual awareness. Likewise, Herman (2001) believes that it is the onset of puberty that often leads child victims to disclose intrafamilial sexual violation that had been going on for some time. In addition, Smith et al. (2000) notes that older children, because of their greater social involvement outside the home, may have more opportunities to disclose than younger children.

Notwithstanding the above findings, other researchers have found that younger children are more likely to engage in rapid disclosure following rape, with older children being more likely to delay disclosure. Hershkowitz et al. (2007) notes that the 7- to 9-year-olds in their study were much more likely to disclose promptly than the 10- to 12-year-olds. Hershkowitz et al. (2007) reasoned that this was possibly because the older children were more aware of social norms, and therefore were more likely to feel embarrassed and ashamed about their 'taboo' sexual experiences. Furthermore, older children are able to understand the consequent disruption of their families should they disclose, and therefore may consciously choose to keep the assault a secret (Smith et al. 2000). According to Bussey and Grimbeek (1995) these developmental trends possibly reflect the fact that children learn to inhibit their disclosure as they get older.

With regard to patterns of disclosure there is considerable research (Bona, 1996; Bussey & Grimbeek, 1995; Keary & Fitzpatrick, 1994; Paine & Hansen, 2002) that reveals age-related differences in the dimensions of intent and detail. Paine and Hansen (2002) maintain that purposeful disclosure may be inhibited in children who are developmentally immature, or delayed in younger children due to limited knowledge of social norms and behaviours that constitute sexual violation. Alaggia (2004) suggests that younger children (under the age of 6) are least likely to disclose purposefully and that developmental factors may account for young children's inability to disclose purposefully. Goodman-Brown et al. (2003) highlight that although younger children's lack of knowledge may inhibit their ability to disclose purposefully, it also inadvertently facilitates the disclosure of their sexual victimisation. As young children (aged 4 and below) are unaware that abusive sexual activity is not condoned and have minimal

verbal skills, they are likely to disclose the rape unintentionally through acting out the sexual activity in which they have been made to engage. Alaggia (2004) elaborates that children aged between 4- to 7-years old, while likely to appreciate the notion of a secret and have an associated desire to keep a secret, often lack the cognitive competence and social experience required to appreciate that indirect comments are likely to alert adults to the possibility of their inappropriate sexual victimisation. Bussey and Grimbeek (1995) found that children in the middle childhood age range (7- to 9-year-olds) are significantly more likely to have their sexual victimisation detected (accidental) by others because, unlike younger children, children in the 4- to 7-year-old age range are more effective in regulating disclosure as they are more selective in their verbal comments. Lastly, older children (aged 10 and above) are more likely to be aware of the abusive nature of their sexual experiences and are thus more likely to be motivated to disclose their victimisation in a purposeful manner (Alaggia, 2004).

Regarding detail (the amount of information that is included and elaborated upon), older children report significantly more information than younger children. Keary and Fitzpatrick (1994) propose that younger children forget the detail of the abusive incidents more readily than older children and therefore require more concrete 'prompts' to help them remember. Although a review of the literature reveals that younger children's disclosures are less detailed, Bona (1996) has questioned whether this reflects a true developmental difference or simply a difference in style of the interview techniques used. There are several possible explanations for the differences in the relationship between age and children's patterns of disclosures. These differences can arise from a single influence, or through the combined influences of linguistic, cognitive, social, and emotional developmental factors.

Age at the time of disclosure may not only influence how a child may tell (purposeful disclosure versus accidental) or when a child will tell (immediate disclosure versus delayed disclosure), but also influence the response a child may receive from the disclosure recipient. Ullman (2003) found that young (below 10 years of age) female child-rape victims who disclosed to their mothers reported receiving more positive reactions than older (above 10 years of age) female child-rape victims. Moreover, adolescents (children aged 13-years-old and above) reported receiving less support from parents/caregiver figures and relatives than younger children

(children aged 13-years-old and below), but greater support from friends (Ullman, 2003). Sauzier (1989), Arata (1994), and Kellogg and Hoffman (1995) concluded in their research studies that there is no consistent relationship between age and disclosure. Alaggia (2004) believes that what can be concluded is that children, regardless of their age, when disclosing rape have much less power due to their age and are likely to face much greater potential hazards associated with telling others (for example, breaking up their family or losing their relationship with one or both of their parents).

2.9 Relationship to the perpetrator

“Uncle Bob hurt my bottom” (London et al., 2005:18).

A review of the literature indicates that the victim-perpetrator relationship has consistently been found to impact on disclosure. A consistent finding that has emerged from the literature is that immediate disclosure is most likely when the child did not have any emotional commitment or continuing allegiances to the offender (i.e., disclosure was most likely when the perpetrator was a stranger rather than a family member) (London et al., 2005). In cases of extrafamilial child sexual assault, the child is assaulted by someone outside of the family, most often in the context of being cared for by someone else, for example, a teacher, family friend, or a neighbour. In Hershkowitz et al.'s (2007) study of extrafamilial child sexual victimisation, familiarity with the perpetrators was broken down as follows: 60% of the perpetrators were known to the children (for example, family friends, neighbours, parent's colleagues), while 40% were strangers. Most (78%) of the children who were familiar with the perpetrators in some way delayed their disclosure, whereas only 17% of the children whose perpetrators were strangers did so (Hershkowitz et al. 2007). Similarly, in Smith et al.'s (2000) study, rape perpetrated by strangers were much more likely to be disclosed within one month than rapes by either family members or non-family acquaintances. Smith et al. (2000) concluded that rape by a stranger was the best single predictor of whether a child would disclose immediately. Notwithstanding Smith et al.'s (2000) conclusion, the above-mentioned studies also suggest that any kind of relationship to the perpetrator may lead children to delay telling someone about the rape experience(s).

Victims of intrafamilial abuse (sexual victimisation that occurs within the family and therefore between family members) may reasonably be more concerned about the consequences the perpetrator may face, disruption of the family unit, and potential punishment brought about by disclosure (Bona, 1996). Non-disclosure of intrafamilial sexual assault therefore arises from a greater sense of loyalty or emotional bond to familial perpetrators (especially parent figures), with disclosure being understood as a breaking of those bonds or a betrayal of the caregiver/parent. In addition, having to confront a perpetrator who is a relative is likely to be a more upsetting experience for most families than confronting an extrafamilial perpetrator. Rotenberg (1995) reports that it has been documented in families where intrafamilial rape takes place, that the child is discouraged from attempts to communicate (i.e., disclose sexual victimisation). Rotenberg (1995) found that in cases of intrafamilial rape, the parents of the child rape victim respond less often to their child's attempts to talk than do parents of children who were raped by someone out of the family context. Sauzier (1989) speculated that one would expect that intrafamilial rape victims would be less likely to disclose than cases involving non-family member perpetrators. Indeed, Sauzier (1989) found that children raped by a biological parent were least likely to disclose, with 53% of such children never disclosing purposefully. The results of two studies (Hanson et al, 1999 and Smith et al., 2000) are consistent with the claim that children are less likely to disclose intrafamilial sexual victimisation.

In a study of the variables associated with the latency of disclosure, Goodman-Brown et al. (2003) found that victims of intrafamilial sexual victimisation take significantly longer to disclose than victims of extrafamilial sexual victimisation. Research carried out by the London Family Court Clinic (1995) revealed that children who delayed disclosure for one year or longer were emotionally closer to the perpetrator, were more likely to be sexually victimised by a close family member, and were more likely to have been raped by father-figures. Sas (1993) reported that 89% of intrafamilial sexual abuse victims (compared to 54% of victims of extrafamilial sexual abuse) either delayed disclosing the sexual victimisation or did not disclose at all. Consistent with these findings, Ussher and Dewberry (1995) reported longer delays to disclosure among intrafamilial versus non-familial sexual abuse. Moreover, Smith et al. (2000) found that the 73% of their sample of female children raped by their relatives who reported keeping the sexual assault a secret for more than one month were twice as likely to be related to the

perpetrator than those who disclosed within a month. Finally, Bona (1996) reported that only 51% of victims of intrafamilial sexual abuse disclosed purposefully, as compared to 74% of children abused extrafamilially.

In summary, familial connection or a closer relationship to the perpetrator tends to be associated with delayed or non-disclosure, as children who are sexually assaulted by a close family member are more reluctant to disclose their victimisation, have longer time delays between the rape incident(s) and disclosure than victims of extrafamilial rape, and are less likely to disclose in a purposeful fashion.

2.10 Fear of negative consequences

“I do have the reality that I have death threats from my family for talking about the abuse, and I do have the reality that I could be killed” (Alaggia, 2004: 1219).

Fear of negative consequences refers not only to the negative consequences children face before (“don’t tell or else...”) and whilst being raped (for example, use of coercion and having their legs pried apart), but also to the negative consequences children fear should they break the silence by disclosing (“I’ll hurt your mother”) and the negative consequences that arise in the aftermath of disclosure (being removed from their family or having the family system broken up).

Perpetrators use threats and coercion as ways of ensuring compliance, and thereafter securing and maintaining victim silence. Hershkowitz et al.’s (2007) study highlighted that more than half of the children in their study were threatened in at least one or more ways by the perpetrator. The literature reveals that fears of negative consequences include: the use of coercion and/or force; assault; threat that privileges will be taken away; threat of physical punishment; and threats of death (Bona, 1996; Bussey & Grimbeek, 1995; Langan & Harlow, 1994). Threats can therefore take many forms including physical harm to the victim and/or their loved ones or forecasting negative or dire outcomes for the victim, their loved ones, and/or the perpetrator (Paine & Hansen, 2002). Perpetrators may threaten children into silence with direct threats, as well as with threats to parents or relatives. Threats such as “I’ll kill you if you tell” or “I’ll hurt your mother” are not uncommon (Goodman-Brown et al., 2003). Children may thus fear

retaliation if they disclose. Herman (2001) argues that fear of negative consequences may be particularly salient in cases of incest (intrafamilial rape) because children may feel that their parents/mother will be punished. There is also the underlying fear that disclosure of the rape will create a disruption in the family. In addition loyalty towards the perpetrator (if the father or another close family member was the rapist) may make the child more ambivalent about disclosing the sexual victimisation (Herman, 2001).

Lamb and Edgar-Smith (1994) highlight that intrafamilial perpetrators are more likely to promote victim helplessness than extrafamilial perpetrators. For example, in situations of intrafamilial rape where the parents may side with the offender and believe that the child is lying, children may fear punishment by their parents should they disclose. Children are thus admonished that they (the child) will be judged negatively, blamed, and/or punished (Lyon, 2002). A review of experimental and observational research examining the fear of negative consequences, and the impact of threats upon disclosure revealed: that threats decrease the likelihood that children will self-disclose sexual victimisation (Lyon, 2002); that delay to disclosure is nearly twice as long when records contained indications of physical aggression by the perpetrator against the victim or members of the victim's family (Paine & Hansen, 2002); and that those children who believed their disclosure would bring harm to others (most especially family members) took longer to disclose than children who had not expressed these fears (Goodman-Brown et al., 2003). Fear of negative consequences therefore results in non-disclosure or delayed disclosure, as a simple reality of childhood is once again reflected – that children believe adults. As Summit (1983:177) concisely notes, “in the classic role reversal of child sexual abuse, the child is given the power to destroy the family *by disclosing* and the responsibility to keep it together *by not telling*” (emphasis added).

2.11 Recanting

“After I had disclosed, the information began to flow on its own – I was left with a disbelieving mother and grandmother” (Staller & Nelson-Gardell, 2005:1424).

Bradley and Wood (1996) acknowledge that the common question about why children recant their disclosures of sexual abuse/rape can be reframed by wondering why they would stick by an

account that often jeopardises their relationships with their parents/caregivers and family. Staller and Nelson-Gardell (2005) argue that there can be no worse situation for a child than when the sexual victimisation arises from within the family context (intrafamilial) and the disclosure results in an additional family drift. Jensen et al. (2005) maintain that children feel the full brunt of this disruption, as well as the divisiveness within the family and the organised attacks against them. Although recantations tend to compromise the child's credibility and complicate the legal response to sexual abuse/rape allegations, children's reactions, particularly recanting, retracting, or wavering in the disclosure account, must be interpreted in the context of the abovementioned factors.

Several researchers have attempted to explain why children recant their sexual abuse/rape allegations. Bradley and Wood (1996) believe that children may recant if they feel isolated from their natural support systems. Jensen et al. (2005) speculate that loyalty to family members may also induce recantations, as recanting may be seen as a way for victims to "make it all go away." Sorenson and Snow (1991) found that children retracted their sexual abuse/rape allegations if there was no support post-disclosure, or if children felt/realised they may be institutionalised or removed from their families. According to Hershkowitz et al. (2007) children are most likely to recant their sexual abuse/rape allegations when they delayed disclosure (25%), disclosed to someone other than their parent(s)/caregivers (29%), disclosed only after being prompted (31%), and reported fearing the parental/caregiver reactions before disclosing (27%). Gonzales et al. (2003) argue that recantation is a normal part of the process experienced by victims of sexual abuse/rape. Gonzales et al. (2003) note that even when children have disclosed their rape experience(s) firmly, they sometimes recant their allegations in view of an impending court case, or, once inside the court refuse to disclose any details about the rape incident(s). Indeed, Summit's (1983) early research findings detail that children recant as part of the process of dealing with their sexual abuse/rape experiences.

Regardless of the underlying reasons why children recant their sexual abuse/rape allegations, Bradley and Wood (1996) highlight that the recantation of a rape/sexual abuse allegation remains a huge problem, as it is seen as a major contributor to the lack of credibility children's disclosures receive.

2.12 Factors inhibiting and facilitating disclosure

“Our understanding of what leads some children to disclose and others to keep silent remains poor and requires continued investigation” (Jones, 2000:270).

Multiple factors operate in individual situations of disclosure that both inhibit and facilitate disclosure. While a wide body of literature explores children’s disclosure of sexual victimisation, little research has targeted the factors surrounding, influencing, and inhibiting primary and secondary disclosures (Bona, 1996). From the small body of literature available, much of the focus has been on factors which inhibit disclosure and on the processes of disclosure itself. For this reason, the factors that have been identified as inhibiting disclosure will be reviewed first.

2.12.1 Factors inhibiting disclosure

Significant numbers of children deny their sexual victimization despite compelling evidence to the contrary (Paine & Hansen, 2002). A number of factors contribute to the silencing of children who have been raped. Kellog and Hoffman (1995) argue that a substantial influence behind not disclosing is the fear of not being believed by the disclosure recipient, siblings, other relatives, police and doctors, and fear of familial and social rejection. Paine and Hansen (2002), however, suggest that the factors which most often impede disclosure are dependency, vulnerability, cognitive and developmental factors, the perpetrator’s strategies to maintain silence, and guilt and feelings of responsibility.

Dependency: Akal (2005) maintains that a child’s ambivalence to his/her rapist is understandable in the context of dependency i.e., when the perpetrator’s relationship is significant to the child (for example, a caregiver, family member, or mother’s partner) and serves important needs (financial, shelter) of the child. Collings et al. (2005) note that removal of the perpetrator from the home in many cases is often financially and emotionally destructive to the family.

Vulnerability: Finkelhor, Wolak and Berliner (2001) believe that the child’s vulnerability needs to be understood in the context that, for the child, there is no guarantee that the disclosure recipient/confidant will view the sexual experiences as abuse/victimisation/assault/rape.

Collings et al. (2005:271) elaborate that

“confidants who adopt a non-abusive definition of the situation (defining the abuse as sexual or promiscuous behaviour on the part of the child), who minimise the seriousness of the abuse incident (defining the incidents as ‘not serious enough’ to warrant protective action), or who simply believe that the child is not telling the truth, are unlikely to intercede on the child’s behalf and are unlikely to assist the child in the process of reporting.”

In 17% of cases reviewed by Collings et al. (2005) the child’s initial disclosure did not lead to reporting because the child was not believed (in 9% of the cases) or because the caregiver took no action (in 8% of the cases). Moreover, caregivers/parents may also punish the child or pressurise the child to deny the sexual abuse. The feelings of helplessness that characterise the inherent power imbalance of sexual abuse often leads children to defer to adults, and is one of the main factors cited as to why children have difficulty disclosing (London Family Court Clinic, 1995).

Cognitive and Developmental Limitations: Sas and Cunningham (1995) found that many young children do not disclose their sexual victimisation because of cognitive and developmental limitations. In Sas and Cunningham’s (1995) study, 40% of the children indicated that they were unaware that they were being sexually abused at the time the abuse started. Many offenders also deliberately disguise their actions by representing their abuse to children as a ‘special game or secret,’ as ‘part of the child’s education,’ or as ‘normal parenting behaviour’ (Faller, 2004). If these normalising strategies are successful, the idea of disclosure may not even occur to many young children.

Perpetrators Strategies to Maintain Silence: A further factor that hinders disclosure relates to the offender’s method for gaining the child’s involvement in the rape episode. Aggression is likely to lead to non-disclosure, with threats and coercion having the effect of inhibiting immediate disclosure (Paine & Hansen, 2002). Bussey and Grimbeek (1995) suggest that initially children may be so paralysed by the threats from the perpetrator that they feel unable to disclose.

Guilt and Feelings of Responsibility: Paine and Hansen (2002) believe that guilt and feelings of responsibility inhibit disclosure, i.e., fear for the physical and emotional well-being of self, and loved ones. Paine and Hansen (2002) found that children who had been sexually victimised by a

family member and felt responsible for the abuse, had the longest delays in reporting their sexual abuse experiences. Summit (1983) notes the perpetrator (especially in intrafamilial cases of sexual victimisation) conveys the message that the child has the power to keep their family and/or the perpetrator safe by maintaining the secret and their silence. Children fear that disclosure (breaking the silence) will result in the disruption or dissolution of their family through divorce, separation, or placement of the child and their siblings in foster care (Paine & Hansen, 2002). For this reason, many children who are raped by family members are consistently less likely to report their sexual assault than children who are raped by strangers (Collings et al., 2005). The fact that many children are raped by somebody they know implies that disclosure will often be difficult and that many children will not voluntarily disclose their rape experience(s) (Lewis, 1997). Thus, children have many compelling reasons *not* to disclose.

2.12.2 Factors facilitating disclosure

Despite the abovementioned barriers to disclosure, thousands of children manage to reveal their sexual victimisation each year. For this reason, it is in identifying and understanding those factors which *facilitate* children's disclosures, that researchers may find ways to help thousands more children break their silence. However, few studies provide quantitative or qualitative data regarding the reasons or triggers that facilitate children's disclosures of sexual abuse. To date, the disclosure literature has only identified the following factors as facilitative for disclosure to take place.

Support: Paine and Hansen (2002) argue that it is widely believed that perceived support is an important factor mitigating children's willingness to disclose sexual abuse. Thus, children whose parents/caregivers were perceived to react in a supportive manner disclosed at a rate 3.5 times greater (63%) than those children who believed their parents with react in a non-supportive manner (17%) (Paine & Hansen, 2002). Similarly, Finkelhor et al. (2001) found that the belief that the non-abusing parent or confidant will believe the disclosure assisted many children in telling.

Opportunity, Time and Privacy: Jensen et al. (2005) noted that opportunity to bring up the issue of abuse, time to talk about the abuse, and privacy to be able to reveal something as personal,

embarrassing, humiliating, and terrifying as being sexually victimised were factors which help make disclosure possible.

Parent's Level of Education: Paine and Hansen (2002) identified that children who had parents with post-school education were eight times more likely to disclose than children whose parents had a lower level of education.

Single Rape Incident by a Stranger: Research carried out by the London Family Court Clinic (1995) concluded that disclosure is easier for a child who is traumatized by an aggressive one-time sexual act which feels bad rather than confusing and is perpetrated by someone towards whom the child does not feel any loyalty or commitment (i.e., a stranger).

Sorenson and Snow (1991) provide a breakdown of motivational factors for disclosure that they have recognized in the literature. According to Sorenson and Snow (1991), for those children who disclose purposefully, the impetus for disclosure includes: educational awareness (24%), peer influence (10%), proximity to perpetrator (10%), timely disclosure (defined by the authors as everything falling into place) (22%), and anger (24%). For those children who disclose accidentally, motivational factors include: exposure to the perpetrator (28%); inappropriate statements (19%); age-inappropriate sexualized behaviour (14%); and shared confidences with girlfriends (9%) (Sorenson & Snow, 1991). Keary and Fitzpatrick found that the three most common triggers for disclosure included: questioning by an adult (26.3%), witnessed abuse (12.3%), and safety of being away from perpetrator (10.5%). Jensen et al. (2005) obtained data from therapeutic sessions and follow-up sessions with 22 children, to specifically investigate which factors help and hinder disclosure. Their study revealed that when children did disclose, they did so "in situations where the theme of child sexual abuse was in some form addressed or activated" (Jensen et al., 2005:1409). In addition, Jensen et al. (2005) point out that disclosing the rape experience(s) could be expected to serve a number of positive functions: it could enable the expression of pent-up feelings of anger, clarification of the victim's involvement in the rape (particularly that they were not to blame (self-clarification), and validation for the child that such an activity is reprehensible and not normal/acceptable, i.e., contrary to what they may have been informed by the abuser (social validation). According to Rotenberg (1995), the last function is

most likely to be brought about in a court of law where there is public apportionment of blame to the rapist, which is followed by subsequent punishment for the rape crime.

Lastly, the extensive research carried out by the London Family Court Clinic with 524 child victims revealed the following facilitative and inhibitory factors to disclosure. Facilitators included a nurturing family with good communication patterns, older age of the child, and being sexually victimised by someone to whom the child is not emotionally close (not a family member) (London Family Court Clinic, 1995). Inhibitors to disclosure included a dysfunctional family system, younger age of the child, and being abused by a family member or someone to whom the child is emotionally close (London family Court Clinic, 1995). However, the research also highlighted that over time, a child's situation may change so that the balance is gradually tipped toward disclosure. Changes which can tip the balance toward disclosure include maturation of the child, acquisition of sexual knowledge, family changes which remove the offender from the child's life (for example separation and divorce), placement in foster care, and random factors such as a chance witness (London Family Court Clinic, 1995).

The abovementioned research highlights the complexity of the disclosure process, and the multitude of potential facilitators and inhibitors of telling. However, as Sjoeborg and Lindbald (2002) maintain, the systematic study of factors that promote and obstruct children's disclosure of sexual victimisation is a relatively new area of research and one that requires more attention, as identifying the positive factors which ease the way for a child to disclose is of essential importance to efforts of child protection. As Jones (2000:270) concluded, "qualitative studies which are able to track the individual experiences of children and their perception of the influences upon them which led to the disclosure of information are needed."

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Despite a substantial clinical and research literature on disclosure, there would appear to be a distinct need for additional knowledge regarding the motivation, context, recipients and factors influencing and hindering the disclosure of child rape victims. In this chapter, the present study is introduced; the research methodology (sampling technique, data collection and how the data was analysed) is described; and ethical considerations are addressed.

3.2 The present research

A research project was designed where clinical assistance was provided to child rape victims and their families, and who in turn, were invited to share their experiences of disclosure. The present research was therefore concerned with gaining an enhanced understanding of the unique meanings and subjective interpretations of the disclosure process in child rape victims.

Qualitative research with a child-centred underpinning appeared to be the appropriate methodology as it assumes that “minors are knowledgeable about their worlds, that these worlds are special and noteworthy, and that we as adults can benefit by viewing the world through their hearts and minds” (Fine & Sandstrom, 1998:12, cited in Mudaly & Goddard, 2006).

Furthermore, the qualitative approach is concerned with the exploration of meaning and interpretation, with the underlying assumption being that reality is subjective, and is only ‘known’ by those who experience it personally (Terre Blanche & Durrheim, 1999). The present research therefore provided the opportunity for the voices of children who had disclosed their rape experience(s) to be heard. In addition, researchers need to question the extent to which data gleaned from the international literature can be uncritically applied to the South African context (Akal, 2005).

In light of this, the present research aimed at presenting South African child rape victims’ voices of their experiences of disclosure, what they understood about disclosing, and the impact disclosing has had on their lives. The quotes (extractions from the interviews with the children,

found in the Discussion chapter) are therefore rich in detail, and sensitive to the context. Thus a qualitative approach allowed for the subjective realm of child rape victims to be explored and the multiple realities of those (children) whose voices have been silenced to be reflected.

3.4 Conceptual framework

The research used ecological systems theory as its conceptual framework. According to this approach an individual is seen as residing within a complex system of relationships affected by multiple levels of the surrounding environment (Berk, 1998). The environment is envisioned as a series of nested structures, that includes both the inner most environment (intrapersonal level), family, culture and community settings (interpersonal and inter-group), as well as the broader society (the macrosystem, which refers to the values, laws, customs and resources of a particular society (Berk, 1998). The intrapersonal level influences self-determination/control, as well as beliefs around self-efficacy. The interpersonal and inter-group levels are linked to cultural situations and normative contextual influences, whilst the last level (the macrosystem) is linked to environmental influences, values and informing societal attitudes and the legal system (Petersen et al., 2005). This approach therefore takes into consideration not only intrapersonal factors, but family systems and broader community functioning in which an individual (a child, for example) is integrally embedded. How we think, act (the choices we make/do not make) and behave is therefore a product of multiple streams of influence/systemic levels (Petersen et al, 2005).

3.5 The context

According to Mudaly and Goddard (2006), the ideal site for conducting research is one where the researcher is able to gain easy access to participants; where a high probability of the subject material of interest to the researcher is present; and where the quality of the data and the credibility of the study will be assured. A treatment centre that provides support to children and families where rape/sexual abuse is suspected or has been reported in KwaZulu-Natal, South Africa was the referral cite for the present research. The treatment centre was considered to be an appropriate research environment, as it was one in which the children felt comfortable and safe. Distel (1999) noted that when children are interviewed in a context that is familiar and

non-threatening to them, they provide rich and detailed information about the rape events, including core details of the sexual act, which is so necessary for a conviction to be made (Distel, 1999).

3.6 The sample

As the research required a thick and detailed account of the subjective experience of the disclosure process by participants, the sample group to be researched needed to have the potential to provide rich material (Burton, 2005). Hence, a non-probability sampling method ('purposive sampling' was used). Purposive sampling allows the researcher to identify the characteristics of a sample that will provide the researcher with the most valuable information (Kvale, 1996). A particular population (children) with specific characteristics (they are childhood rape victims) and experiences (they have disclosed their rape experience/s) were therefore approached from a treatment centre in KwaZulu-Natal, South Africa which provides support to children who have been raped or sexually abused. Four significant inclusion criteria were used to select the sample: the child (male or female) was under the age of 18 years; the disclosed sexual victimisation was rape (with rape being defined as genital or anal penetration); results of the medical examination were consistent with the nature of sexual victimisation reported; and the children had received therapeutic intervention, and were in the context of ongoing therapy at the treatment centre. This fairly restrictive definition was based on the fact that penetrative sexual activity characterised over 99% of all cases presenting at the treatment centre (Professor Steven Collings, personal communication, April, 2006).

A significant consideration when contemplating research is that of the representativeness of the sample (Kvale, 1996). This is concerned with the accuracy with which the sample group reflects properties of the population from which it is drawn, therefore allowing accurate inferences about the larger population it represents to be drawn (Burton, 2005). In a pilot study conducted by the researcher's supervisor it was found that a sample size of 15 to 20 participants yielded accurate and saturated results.

3.6.1 Demographic information of child rape victims

The table below contains the demographic information of the child rape victims in the present study. It presents the sample characteristics (the gender, age and race of each child), identifies the child's perpetrator (i.e., spectrum of social relationships between children and offenders) and the locations (site/setting of where each child was raped).

Table 3.6.1: Demographic information of the participants

Child	Gender	Race	Age	Perpetrator	Location
1	F	African	8	Acquaintance	Public place
2	M	African	12	Acquaintance	Perpetrator's home
3	M	African	12	Acquaintance	Perpetrator's home
4	F	African	14	Acquaintance	Public place
5	M	African	10	Stranger	Public place
7	F	African	14	Acquaintance	Public Place
8	F	African	12	Uncle	Victim's home
9	F	African	7	Acquaintance	Perpetrator's home
10	F	African	15	Stranger	Neighbourhood
11	F	African	17	Acquaintance	Perpetrator's home
12	F	African	11	Brother	Victim's home
13	F	African	16	Acquaintance	Perpetrator's home
15	F	African	5	Uncle	Victim's home
16	F	African	14	Acquaintance	Perpetrator's home
17	M	African	13	Acquaintance	Perpetrator's home
18	F	African	17	Uncle	Perpetrator's home

3.6.2 Age, gender and race

The sampling frame included 16 cases of children between the ages of 5-17 years old, with 12-years-old being the average age of the children. Seventy-five percent (12 of the children) were female, and 25% (4 of the children) were male. All of the children were African.

3.6.3 Breakdown of the offender/length of acquaintance

Of importance was the child's perpetrator, and the varied spectrum of social relationships that existed between the children and their offenders. In the present study, the majority of rape cases

involved perpetrators who were either family members or persons who were known to the child. Ten children (62.5%) had been raped by someone known to them, but not a relative. Four children (25%) had been raped by someone in their families. Two children (2.5%) had been raped by someone they had never met before (strangers). Most of the cases involved one victim and one perpetrator. Only two cases involved multiple child victims (Children 2 and 3 were raped by the same perpetrator). No case involved more than one perpetrator.

3.7 Data collection

Because child sexual abuse is typically an event or series of events without witnesses or physical findings, children's communication about these experiences may be the only available evidence of the crime (Alaggia, 2004). As a result, the manner in which the child interview is conducted is often the most critical component (DeVoe & Faller, 2002). Bradley and Wood (1996) found that many children were unable to provide a detailed narrative of their experiences in response to the standard formal investigative inquiry. Moreover, when interviewed in settings that were unknown to them, or by individuals who were strangers to them, children are less likely to produce free narrative (Lewis, 1997). DeVoe and Faller (2002) believe that a combination of open-ended and close-ended questions in a setting familiar to the child is necessary to facilitate disclosure or formal disclosure and gather details about the rape.

Data in the present study were gathered using a combination of sources: in each case the circumstances of the rape, the disclosure of the rape, as well as the information regarding the victim and the perpetrator were recorded; information was gathered from the caregivers/family members present; and directly from the children themselves (in the form of the clinical interview and semi-structured interview in the context of ongoing therapy at the centre). The child rape victims' words therefore are the primary data. More specifically, the data were collected by a bilingual counselling psychologist (who is part of the research team and employed at the treatment centre) in the following manner. The free recall phase began with the main invitation "Tell me everything that happened, from the beginning to the end, as best as you can remember." Thereafter, follow-up open-ended prompts were used to elicit details about the rape incident(s) from free recall memory, i.e., after the children had disclosed the rape event(s), they were

encouraged using open-ended prompts (for example, “And then what happened?”) to continue telling. Only after the open-ended questioning had been exhausted did the interviewer (counselling psychologist) move to more focused questions. For those children who did not describe the whole disclosure process in detail, the interviewer prompted them with additional specific questions – for example, “How did other people come to know about the event? Who was the first, second, third person to come to know? How did they react when they came to know?” until the entire disclosure process had been fully described. Noteworthy is that suggestive utterances that communicated which responses were expected, were avoided throughout the sessions.

At the end of each session, children were given the option of deleting or adding further information, thereby minimising the chance that the data were collected according to “adult theoretical categories that serve adult agendas” (Mudaly & Goddard, 2006:5). Jensen et al. (2005) acknowledge that using therapeutic sessions as data gives the researcher a unique position from which to study the children’s communications/accounts, feelings, thoughts and relationships which are often personal and private.

3.8 Data Analysis

The clinical interviews were transcribed verbatim (i.e., the transcription was a written record of the interview) to ensure the conclusions drawn would be representative of the data collected. A thematic analysis technique was used to analyse the data of the present study. As Hayes (2000) points out regarding thematic analysis; although the researcher may have an idea of predetermined themes (gained from the literature), the focus of thematic analysis should be the themes which emerge from the data itself. Hence, whilst themes may be ‘tentatively’ developed in advance, themes should ideally arise naturally from the data (however they must have a bearing on the research questions). Thematic analysis therefore focuses on the themes, which run through the transcripts (Hayes, 2000).

To elaborate, the steps of data analysis was as follows:

Step One: Transcribing and Translation

Verbatim transcribing of each individual interview, and translation from *isiZulu* into English was undertaken by an *isiZulu*-speaking researcher. The transcripts were then read over by the researcher and the bi-lingual interviewer to verify that the process of translation and the content were accurate and coherent.

Step Two: Reading and Familiarising

Following the transcription of each individual interview, a line-by-line analysis of each of the transcribed transcripts was conducted by hand. This allowed the researcher to become familiar with the interview material and possible themes started to emerge during these readings.

Step Three: Categorising and Thematisizing

The emergent themes or relevant 'chunks of meaning' were extracted from the interview transcripts and were arranged into broad categories, as well as into increasingly more specific themes (categorising and thematisizing) (Terre Blanche & Durrheim, 1999). The researcher grouped together the dominant categories/areas that emerged from the transcripts into themes and sub-themes and labelled/coded each theme and sub-theme. The coded themes were discussed with the research supervisor in order to enhance reliability of coding. Thereafter the researcher collated the identified themes and sub-themes for each individual transcript into one comprehensive/inclusive list. In addition, each theme was given an identifier or description that captured what each theme or sub-theme was about.

Step Four: Elaboration and Analysis

A process of elaboration was then undertaken, i.e., the researcher read and re-read the interview transcripts until the transcripts could offer no more significant themes and insights relevant to the research material (categorical saturation was reached) (Terre Blanche & Durrheim, 1999). In addition, the emerging themes, commonalities and differences within and across each transcript were subject to repeat analysis so that a more comprehensive understanding of the complex dynamics of disclosure could be achieved. Thereafter a qualitative cut and paste technique described by Stewart and Shamdasani (1990) was used. Each identified theme and sub-theme

(extracts from the transcripts) on each line of every transcript was then cut and pasted on another page, along with the transcript number and page reference, for example, “Child 1, page 4.”

Step Five: Upholding Validity

To assess validity the findings of the analysis were made available for the children to review and make any changes to the transcript material they felt failed to accurately capture their lived experiences. This interactive process ensured that the research findings and analysis were an accurate reflection of the participants’ experiences.

Step Six: Writing up the Research Project

The abovementioned process of data analysis allowed the researcher to construct a formal research report that contained a detailed and thorough analysis of the literature and interview transcripts, the themes extracted, the interpretations made of emerging thematic categories, and a section where the findings from the thematic analysis were triangulated with previous literature

3.9 Ethical Clearance

The Ethics Review Committee of the University of KwaZulu-Natal (Durban, South Africa) approved and granted ethical clearance for this research. In addition, consent from the director of the treatment centre to conduct the study was obtained. Moreover, the normal treatment regime of the treatment centre was not impacted upon by any of the procedures used. According to Mudaly and Goddard (2006:61), “any risk of harm to the child during the research process should be recognised and that steps should be taken to offer protection.” Given the sensitive and highly personal nature of the research topic, the research did not involve any direct contact between the researchers and the child rape victims, their caregivers or their families as the study involved qualitative analysis of data that had already been collected by a counselling psychologist as part of the intake interview. In this way, should any specific issues and re-traumatisation arise regarding the content of the rape and disclosure, a registered psychologist was present to intervene and contain the children’s distress.

The research therefore took cognisance of the fact that asking children questions about their rape experience(s) and their subsequent experiences of disclosing could, if not carefully handled, constitute a further abuse of power (Roberts & Taylor, 1993). The foremost ethical consideration was therefore designed to balance the aim of the research project (the belief that the child's voice should be heard) with the need to protect the children from further harm (Greene & Hogan, 2005). Child rape victims and their caregivers and/or families were informed of the following important information: the nature of the research project, the procedures of the study and were assured that participation was voluntary. Participants (the children and the caregivers) were encouraged to ask for clarity or more details on anything they wanted explained. Emphasis was placed on the children and caregivers having the choice as to whether and to what extent they wished to participate in the research.

The research process therefore began with the counselling psychologist/interviewer (who is a part of the research team and employed at the treatment centre) asking the child and caregiver whether they would agree to participate in the research. A positive response was followed by an explanation of the purpose of the study and what would be done with the results. Due to their legal status children can only assent to their participation in research, with their caregiver(s) having the legal responsibility and power to consent to the child's participation (Mudaly & Goddard, 2006). Written informed consent was therefore obtained from the caregivers (See Appendix A for English-language consent form, and Appendix B for the *isiZulu*-language consent form). Assent was sought from the child participants, i.e., children were asked if they understood the purpose of the research, and if they decided on their own to participate. Lastly, participants and their caregivers were informed that they could withdraw from the study at any point, and were reassured that their decision would not affect their treatment or relationship with the centre in any way. For the purpose of preserving anonymity and confidentiality, the research does not report details of the child victims, their caregivers, or their families. In addition, only registered psychologists or intern psychologists working under the direct supervision of a registered psychologist were granted access to the interviews and transcripts; no information was entered that would identify the victims and their families; the security of all research files and records were maintained at all times; and the data was stored, analysed and disposed of electronically.

3.10 Conclusion

This chapter outlines the conceptual framework which guided the research, the context in which the research was undertaken, the method of sampling used, a description of how the data were collected, and also detailed the way in which the data were analysed. Lastly, considerations of relevant ethical principles as applied to the study were discussed.

CHAPTER 4

RESULTS

4.1 Introduction

The process of analysis revealed a number of dominant as well as sub-themes. Three broad thematic areas emerged consistently throughout the textual analysis as significant points in the disclosure process and will be used as the basis for the presentation of the dominant and sub-themes. The three broad thematic areas identified were Pre-disclosure, Disclosure, and Post-Disclosure. Within each broad thematic area, dominant and sub-themes emerged. The researcher became acutely aware of the complexity of relationships existing between themes and, hence, the themes cannot be regarded as distinct or isolated from each other. As a result, the various themes and/or sub-themes may seem repetitive in nature, but are each considered to reflect unique aspects of the children's experiences. In keeping with the qualitative paradigm, 'thick descriptive' data (i.e., quotes from the transcripts) will be used to authenticate the findings.

4.2 PRE-DISCLOSURE

Of significance in this broad thematic area was the intrapersonal process children undergo in the aftermath of their rape experience where they try to make sense of, or come to understand internally their rape experience, which includes their reactions to the rape (child reaction to the rape), as well as the internal decision-making process children undergo in deciding whether to disclose (to tell or not to tell) and, if so, how to disclose (initiating disclosure).

4.2.1 Children's reactions to rape

Child rape is a complex phenomenon that requires an intrapersonal process of coming to understand that one has been victimised. The children spoke of both the short-term impact of being raped, and of having to come to terms with the long-term consequences that they experienced as a result of being victimised. With respect to the rape experience (*short-term impact*) most of the children spoke of the rape in negative terms – it made them feel uncomfortable, shocked, afraid, hurt, angry, vulnerable, or humiliated. To quote:

"I felt bad" (Child 1, Female, 8-years-old).

And

"I was traumatized. I felt hurt" (Child 10, Female, 15-years-old).

And

"My heart was sore" (Child 13, Female, 16-years-old).

With regards to the *'long-term emotional and psychological consequences'* many of the children had to come to understand that the impact of the rape would never go away, it would remain with them for the rest of their lives. To quote:

"You can't forget something like that" (Child 18, Female, 17-years-old).

And

"When you are sitting alone you think about what happened and than you feel sad about it"
(Child 5, Male, 10-years-old).

And

"I wish I was not alive. I sometimes think of committing suicide. Perhaps if I went to other relatives it would be better" (Child 4, Female, 14-years-old).

Some children spoke of their changed perceptions of being in the world. To quote:

"After I was abused I felt different, different from the other children. When they talk I would just stare at them, when I speak I would feel different and ask myself if it is still me who is talking"
(Child 13, Female, 16-years-old).

They also spoke of their changed perceptions of their 'self.' To quote:

"I looked at me self and felt that I was useless" (Child 7, Female, 14-years-old).

And the loss of their virginity. To quote:

"When I was raped I was a virgin" (Child 10, Female, 15-years-old).

And

"I was very upset because I had never slept with a boy" (Child 11, Female, 17-years-old).

And

"It makes me feel sad because I thought I will keep my virginity. Mom used to tell me that if I stay a virgin, when I turn 21 she would make a party for me" (Child 18, Female, 17-years-old).

4.2.2 To tell or not to tell?

This theme highlighted the internal decision-making process the children underwent in deciding whether to disclose or not to disclose. Below is an identification of factors (sub-themes) that facilitated (helped to make disclosure easier/possible) or inhibited (served as a barrier) to disclosure.

4.2.2.1 Fear that they will be raped again

This theme identified the children's perceptions of the ongoing threat to their safety, and their fears for the future. A possible fear that they could be raped again motivated children to disclose. To quote:

"I was afraid that he will do it again" (Child 4, Female, 14-years-old).

4.2.2.2 Fear of contracting HIV

Fear that they have contracted HIV as a consequence of being raped emerged in many of the children's transcripts. As a result, a few of the children reported that this fear motivated them to disclose that they had being raped so as to be able to seek and thereafter receive medical intervention. To quote:

"What made me to feel sad...and talk was that I thought I had contracted the virus" (Child 5, Male, 10-years-old).

And

"In the hospital they tested my blood and gave me pills as I was HIV negative when that man raped me. These pills minimized chances for me to get the virus" (Child 10, Female, 15-years-old).

Some of the children feared that because they are young, men will assume they are virgins and rape them; a prevalent cultural belief is that sex with a child can cleanse the blood of HIV and cure AIDS. To quote:

"They did HIV test and they found that I was negative, but I am afraid that he will do it again" (Child 7, Female, 14-years-old).

4.2.2.3 Perceived support

The children reported that their disclosure was facilitated by the belief that the disclosure recipient would believe and support their disclosure. To quote:

"I was afraid to tell my mother so I decided I would tell [peer's name] mother [peer's mother's name] – if there are any children with problems she would try and help those children" (Child 3, Male, 12-years-old).

4.2.2.4 Feelings towards the perpetrator

Some children expressed a desire for revenge or retribution, and a hatred for the perpetrator. To quote:

"We met my uncle when I was with my friend [friend's name]. I said to her 'I hate my uncle'...I wanted to see him in jail" (Child 18, Female, 17-years-old).

Other children expressed a concern for the offender's welfare. To quote:

"My mother went to look for [perpetrator's name] and he ran away but my mother caught him and hit him. They (the neighbours) came and my mother went to tell them. They (the neighbours) called in [perpetrator's name] and they hit him. I felt bad because he was bleeding when he left" (Child 4, Female, 14-years-old).

Acknowledging children's feelings towards their perpetrators is central to understanding the complexity of the disclosure process, as feelings towards the perpetrator serve as a powerful facilitator or barrier to disclosure.

4.2.2.5 Relationship to the perpetrator

Victimisation during childhood is not an uncommon event. The children became prey both to family members and to strangers. To quote:

"Whilst I was there in the bedroom, I heard the dining door open. I went and peeped to see who it was, I saw that it was my uncle and I went back to the bedroom and relaxed. As I was sitting there he came in, I was sitting on the bed, and he pushed me to the bed. He pulled my T-shirt off and my panty he got on top of me and raped me. When he was finished he left the house. How was I supposed to tell my Aunt what he did?" (Child 18, Female, 17-years-old).

And

"I was sent to a shop in [name of town] and I saw a man, outside the shop, who greeted me. He told me he was carrying a gun and asked me if I am resisting going with him. He forced me to go to another playground where there was a small bush. He then raped me and I could not scream as I was very scared...I knew I had to tell the police about him" (Child 10, Female, 15-years-old).

The victim-perpetrator relationship has consistently been found to impact on disclosure, with the children reporting difficulties in having to disclose intrafamilial rape, and finding it easier to disclose rape perpetrated by someone they do not know.

4.2.2.6 Cognitive/Developmental limitations

Due to their cognitive/developmental limitations, many children did not disclose their sexual victimisation because they did not appreciate that the rape was wrong (i.e., that they were actually being sexually victimised) or that their sexual victimisation should be reported to an adult. To quote:

"We were playing and we had forgotten about it (that they were raped), then [peer's name] reminded me and talked about it...at [name of town] when they asked me, I felt very bad because then I had realized how bad this is (the rape) and now I recalled everything, when they asked me about it I cried" (Child 2, Male, 12-years-old).

And

"(After she had been raped)...we continued playing until it was time for us to go home" (Child 9, Female, 7-years-old).

4.2.2.7 Perceptions of responsibility

Perceptions of responsibility highlighted the conflicted positioning of self-blame and guilt children prescribe themselves alongside their knowledge that they were victims. Most children felt responsible or believed that they were at least partially responsible for their own rape, or preventing the rape. To quote:

"I felt bad because if I did not go home may be this could have never happened as my aunt was suggesting that I stay, but I could not I wanted to go home" (Child 7, Female, 14-years-old).

And

"...because I did not tell myself that when that man said we must talk, he would turn around and do something so painful" (rape me) (Child 10, Female, 15-years-old).

And

"R: Why do you blame yourself? C: On my way back I met someone. I saw him taking out something which was shining and then he grabbed me. That is when I realized that he was mischievous and to me he looked clean. I never suspected that" (Child 5, Male, 10-years-old).

The child's perception that they were responsible in some way for their victimisation played a powerful role in inhibiting disclosure.

4.2.2.8 Grooming process

The insidious nature of the grooming process lead some children to perceive themselves as having being 'willing participants' or of 'agreeing to be in a relationship' with the perpetrator, and hence served as a barrier to disclosure. To quote:

"We were playing at his place and he called us, both of us and he said we should go inside the house because he wanted to give us sweets" (Child 2, Male, 12-years-old).

And

"He said he was going to accompany me. We went to another shop and he helped me with what I was sent to buy. I knew him, it is just that he was proposing love to me, he wanted a girlfriend" (Child 10, Female, 15-years-old).

4.2.2.9 Threat/Fear of negative consequences

The threat of physical harm or fear of negative consequences that await them should they disclose their sexual victimisation was a theme identified repeatedly as a barrier to disclosure.

To quote:

"I was afraid to tell my mother because I know that my mom punishes us with a stick" (Child 2, Male, 12-years-old).

And

"He said he will also take the boy (her little brother) and throw him in a manhole" (Child 7, Female, 14-years-old).

And

“He said he will hit me until I die” (Child 12, Female, 11-years-old).

Children who feel that they have no one to tell, that they will not be believed, that telling will lead to their punishment or the injury of another will keep the rape act(s) a secret. To quote:

“I slept; my mother came in the afternoon. I did not tell her because he said if I told my mother he will kill me” (Child 18, Female, 17-years-old).

4.2.3 Initiating disclosure

Children must be ready to tell about their traumatic and embarrassing experiences. This theme highlighted how for the children, telling about their sexual victimisation is a difficult proposition, and how initiating the disclosure is extremely hard in spite of a desire to tell. To quote:

“When I reached home, I just kept quiet. There were a lot of things that I was thinking ...I felt like not talking about it at the time but I finally decided to talk” (Child 5, Male, 10-years-old).

And

“I felt bad that I had to tell my mum about this thing (being raped)” (Child 16, Female, 14-years-old).

4.3 DISCLOSURE

The children’s experience of the actual disclosure as well as its consequences (intrapersonal and interpersonal influences) was a significant theme to emerge.

4.3.1 Disclosure of the rape

The difficulty children experience in disclosing that they have been victims of rape and thereafter, having to tell of the rape experience emerged in many of the transcripts. To quote:

“I felt very bad because then I had realized how bad this is and now I recalled everything, when they asked me about the rape I cried” (Child 2, Male, 12-years-old).

Compounding the difficulties associated with disclosing and communicating sexual victimisation, were the children's awareness of the difficulty and uneasiness for parents/caregivers to hear about their child's rape. To quote:

"(While disclosing)...she found it difficult to listen to me when she asked me. She then told me that she would feel better if someone else told her not me" (Child 3, Male, 12-years-old).

Despite the pain of recollection, the children acknowledged the value of being heard. To quote:

"It made me happy (to disclose) because we were solving issues as a family" (Child 13, Female, 16-years-old).

4.3.2 The nature of disclosure

This theme includes the various disclosure variables (sub-themes) that played a role in the process of finding out and discovery of the rape.

4.3.2.1 Patterns of disclosure

Ways of telling or disclosing can assume many forms. The children disclosed their rape experience(s) along a continuum of disclosure dimensions; from explicit purposeful statements, to collaborative disclosures (a disclosure done with the aid of a peer/sibling or another adult), to providing incremental disclosures, or through the giving of subtle clues and hints. Some children never disclosed, and had their sexual victimisation come to light through accidental discovery.

Purposeful disclosure – to quote:

"I asked for the [name of town] police station and they directed me. When I reached the police station I sat down to tell them what happened (that I was raped). I was then taken to [name of hospital]" (Child 10, Female, 15-years-old).

Third party intervention and elicited/prompted – to quote:

"Yes, [name of peer's mother] is the one who told my mother before I could talk to mom. After that mom asked me and I told her that I was raped" (Child 2, Male, 12-years-old).

Clues/hints (indirect disclosure) – to quote:

“I told them that I will not eat there again (by the rapist’s house)” (Child 15, Female, 5-years-old).

Accidental discovery – to quote:

“I did not tell mom anything, she noticed there was something wrong (bleeding) when she was giving me a bath” (Child 8, Female, 12-years-old).

A new theme or pattern of ‘collaborative’ disclosure (a disclosure made with the aid of a peer/sibling or another adult), not previously mentioned in the literature was found in the present study. For Child 4, her peer partakes in the disclosure to her mother. To quote:

“We decided to tell my mother that [name of perpetrator] was raping me. [Name of peer] also informed my mother that they heard me crying in the forest” (Child 4, Female, 14-years-old).

And with Child 12, her siblings disclose to her mother, and thereafter in response to her mother’s questions (‘elicited/prompted’), the child herself disclosed. To quote:

“[Name of sibling] and my twin sister kept quiet, Mom came on Wednesday, they did not say anything to her. On Thursday they went to her and told her that my brother keeps sleeping with me. My mother called me, I went to her and she asked me if it was true and I said yes it was. That is how she got to know” (Child 12, Female, 11-years-old).

Dead-end disclosures describe those situations where nothing is done in response to the child’s disclosure. To quote:

“R: Who did you tell? C: My father and my uncle. R: ...at home after you had told them this story what did they do? C: They do nothing! They do nothing! (Crying)” (Child 15, Female, 5-years-old).

4.3.2.1.1 Age - disclosure patterns and rates as a function of age

Data emerging from the transcripts seemed to suggest the possibility of age-related differences in the degree of intent between younger and older children’s initial disclosures to a confidante. To quote:

"I cried and I told them that I will not eat there again (by the rapist's house)" (Child 15, Female, 5-years-old).

And

"We met my uncle when I was with my friend [name of peer]... I told her the whole story of how he (my uncle) raped me and I asked her not to tell my mom because he said he will kill me if I told anyone" (Child 18, Female, 17-years-old).

Younger children were more likely to have their sexual victimisation accidentally discovered as they were more dependent upon parents/caregivers for their overall care. To quote:

"R: You did not tell anybody? How did your family get to know about the incident since you did not tell? C: I went to visit at the farm and I got sick and had sores (on vagina and anus) so they took me to the hospital" (Child 1, Female, 8-years-old).

And

"I did not tell mom anything, she noticed there was something wrong (bleeding) when she was giving me a bath" (Child 8, Female, 12-years-old).

4.3.2.2 Context of the disclosure

Of importance were the circumstances within which children initially disclosed their sexual victimisation. Opportunity, time and privacy were identified as the most important triggers that prompted the initial disclosure event. Some children identified a conversation or external event that served as the precipitant or motivator for disclosure. To quote:

"My mother was not at home and later she came and I told her what happened" (Child 7, Female, 14-years-old).

And

"Yes, [name of peer's mother] is the one who told my mother before I could talk to mom. After that mom asked me and I told her that I was raped" (Child 2, Male, 12-years-old).

And

"We went for virginity testing. I was tested and they found that I was no longer a virgin. I was asked why, I did not say in front of the people who were testing. Mom asked me when we got home. I told her" (Child 18, Female, 17-years-old).

4.3.2.3 Disclosure recipients

With regards to the choice of the initial confidant or the recipient of the initial disclosure, many of the children explained that they chose someone they felt that they could trust, and who would be able to manage their distress. To quote:

“I only told my mother. I did not have the strength to tell everyone” (Child 11, Female, 17-years-old).

And

“I told only [name of peer]. I was really sad but she could understand me” (Child 13, Female, 16-years-old).

4.3.3 Reactions to disclosure

Confidants’ initial reactions to disclosure took a variety of forms. To quote:

“My mother was very sad and she was crying. My father also cried and my mother did not go to work and she looked like that she was thinking most of the time” (Child 4, Female, 14-years-old).

And

“She said, ‘who raped you? And I told her it is the boy from U.’ She did not say anything. Afterwards she took me to the hospital” (Child 9, Female, 7-years-old).

Evident in the transcripts were both supportive reactions (belief of the child’s account of rape and/or protective actions) and non-supportive reactions (disbelieving the child and caregiver/parent/family isolation).

Supportive reactions – to quote:

“My mother was not at home and later she came and I told her what happened. The next morning my mother, my aunt, I and my little brother went to the Police Station to report the case and told them what happened” (Child 7, Female, 14-years-old).

And

“I just told her the whole story and she asked me why I did not tell her immediately, why I kept quiet about it. I then told her that I was afraid. She then went to [name of perpetrator] house and called him in and also told the neighbours about what happened” (Child 4, F, aged 14).

Non-supportive reactions – to quote:

“My grandfather did not believe me, he was siding with my uncle. My grandmother was always denying that he (uncle) raped me. I do not know how she can deny what he did because she was always at work and would leave me with my uncle” (Child 8, Female, 12-years-old).

And

“At home they said they don't want me” (Child 17, Male, 13-years-old).

And

“R: You are staying with 2 aunts at home. Which aunt is helpful? C: No one, both of them do not believe me” (Child 10, Female, 15-years-old).

4.4 POST-DISCLOSURE

The broad thematic area of post-disclosure includes the themes and sub-themes that arise in the aftermath of disclosure. At this point in the disclosure process, intrapersonal, interpersonal and inter-group/institutional influences played a role in the child's feelings towards disclosure, their evaluation of whether disclosure was worth it, and on their decisions to engage in subsequent disclosures (i.e., to keep telling).

4.4.1 Feelings about disclosure

There were a range of feelings identified in the aftermath of disclosure. The children's responses were varied and unique to each child. Some children experienced a release and the relief of being able to speak. To quote:

“I was feeling sad and most of the time I was crying. But it felt good to have let it out” (Child 7, Female, 14-years-old).

Many also reported a sense of being overwhelmed, a loss of control as their disclosures spiralled out of control, with many people they did not want to know finding out about the rape. To quote:

“I was scared because I did not intend for this story to be known I was just telling it to my friends, and now we were going to all these places...” (Child 3, Male, 12-years-old).

Some of the children were distressed by their parent's/caregiver's devastated reactions to the disclosure that their child was a rape victim (interpersonal). This affected how children felt about disclosing (intrapersonal). To quote:

"I felt bad when mom was crying. She cried a lot when she was calling the police, I felt very bad" (Child 2, Male, 12-years-old).

And

"My mother was very sad and she was crying. My father also cried and my mother did not go to work and she looked like that she was thinking most of the time" (Child 4, Female, 14-years-old).

4.4.2 Disclosure sequence

The disclosure sequence describes the series of disclosures children produce, often to various recipients. Disclosure was seen as an unfolding process that extended over a period of time and included one or more confidants (parents/caregivers, siblings, peers, other family members). To quote:

"We were just sitting with friends talking casually then I started to talk about it (how we were raped). One of the boys heard the story and went home to tell his mother. His mother is [name of peer's mother]. He told her, so after telling her, she called me and I told her. [Name of peer's mother] went to mom to tell her, because [name of peer's mother] knows that I am afraid of mum...so [name of peer's mother] is the one who told my mother before I could talk to mom. After that mom asked me and I told her" (Child 2, Male, 12-years-old).

And

"The other children asked why I was crying and I told them that [name of perpetrator] was raping me. We (the other children and I) decided to tell my mother that [name of perpetrator] was raping me" (Child 4, Female, 14-years-old).

Noteworthy is that each reaction (interpersonal) in the disclosure sequence mediated the child's subsequent decision (intrapersonal) to engage in subsequent disclosures. To quote:

"Mom also felt bad. She found it difficult to listen to me when she asked me. She then told me that she would feel better if someone else told her not me. I wondered should I even tell someone else?" (Child 3, Male, 12-years-old).

4.4.3 Cultural/Community response

In addition to professional support and legal intervention, the need for social support (inter-group) was identified. To quote:

"Yes other neighbours the [surname of family] family and the [surname of family] family they came to see mom and to talk to her and they would come and ask me how I felt and how I was" (Child 2, Male, 12-years-old).

However, the conflict between cultural support/forms of justice and professional support/legal forms of justice was highlighted. To quote:

"Everyone at home was disturbed by this because these people (members of the rapist's family and other community members) came at home and said I should drop the charges (against the rapist). They (the rapist's family) will pay the 'hlawula' (traditional fee payment for harming a girl/taking away her virginity) but my family members refused to drop the charges. They said he did something hurtful to me he should get arrested you see" (Child 11, Female, 17-years-old).

And

"My mother went to look for [name of perpetrator] and he ran away but my mother caught him and hit him. They (the neighbours) came and my mother went to tell them. They (the neighbours) called in [name of perpetrator] and they hit him...then they called the police for him" (Child 4, Female, 14-years-old).

For some children the disclosure of their rape was met with community isolation and stigmatisation (inter-group influences). To quote:

"Some (of the neighbours) have turned against us, they differ in the manner they treat us, there are those neighbours who were moms friends who have changed" (Child 3, Male, 12-years-old).

And

"My grandfather did not believe me, he was siding with my uncle. Mom went to the Chief who told my grandfather to choose whether to leave the home with his son (my uncle) or stay. He (my grandfather) chose to leave with his son. They went to [name of place] and we also got a place to rent next to where we were staying, as the house was destroyed by the community. Members of the community also threw stones at grandfather because he chose to leave with his son. They told

him he will not get a house in that area as everyone in the place saw or heard what happened. Up to this date we are all renting places to stay” (Child 8, Female, 12-years-old).

4.4.4 Police

The response of the South African Police Services (SAPS) (institutional influence) emerged as an important theme. The perceived lack of a supportive response by the police was identified as a barrier to subsequent disclosures. To quote:

“C: In the police station I was crying and they ignored me. They attended me after a long while, I was crying all the time. R: How did that make you feel? C: Upset. R: What did you wish could have happened when you reached the police station? C: I thought I was going to receive help in the police station” (Child 10, Female, 15-years-old).

Furthermore, both the children and their families felt that the SAPS response, investigations and outcome of the investigations were unsatisfactory. To quote:

“What was most hurtful to me was to hear that this guy is out of jail, when I see him now because he stays near my home he is my neighbour it hurts me the most” (Child 2, Male, 12-years-old).

And

“Together with the social worker we went to open a case but my uncle could not be arrested because I was unable to speak properly since I was still young. My uncle was released and my mother continued to see the social workers for a while and stopped as the uncle was not arrested” (Child 8, Female, 12-years-old).

And

“Mom reported this to the police and they opened a case. Then days went by and the case was on. They called us as witnesses when we had finished giving our witness they called uncles witness. They said we should wait they will call us the day they pass the judgement. So we stayed at home. When it was June no, in December we saw uncle back at home he was out of jail. I asked my mother how he could have got out of jail. Mom said I should go phone the investigating officer, I went to call him. He said he was released because he was sick, he will go back. Days went by I called the investigating officer again, he said he does not work where he was anymore, he is working somewhere else. My mother traced the case and she was told that the case was closed” (Child 18, Female, 17-years-old).

4.4.5 Role of teachers/schools after disclosure

On the basis of the children's comments, it seemed that disclosing to a teacher was not an easy thing to do. To quote:

"At school they do not know. We did not want them to gossip" (Child 3, Male, 12-years-old).

And

"At school they do not know" (Child 11, Female, 17-years-old).

For children who did disclose to their teachers, they found that their teachers can be a significant source of support in the difficult period post-disclosure and preceding court cases. Teachers who are aware that the child has been raped may also be more likely to be sensitive to the transitory behaviour problems and increased absenteeism which can stem from child rape and disclosure.

To quote:

"They know at school because there was a time when I went to consult the Social Workers and the teacher said to me that it is fine if I don't come to school she understands" (Child 7, Female, 14-years-old).

4.4.6 Was disclosure worth it?

For many of the children, the question of 'was disclosure worth it?' arose many times. The children's quotes raise awareness to the entirety of their experiences of the disclosure process: the insensitivity of the legal/medical system, their voicelessness/abandonment within the system, their helplessness and powerlessness in the face of system apathy, their waiting for justice/ambivalence to hope, the consequences of system involvement, and of having the opportunity to have their voices heard. Their experiences were impacted on by multiple streams of influence (intrapersonal, interpersonal and inter-group/institutional). The children once again turned inward to decide if disclosing was worth it. To quote:

"I even lost hope that they would ever find him. And the pressure (negative) I get from home is not right (for reporting the rape)" (Child 10, Female, 15-years-old).

And

"What hurts me most is when I see him in the neighbourhood, I get scared and sad and I am no longer free to play in the neighbourhood. It makes me very sad to see him out of jail" (Child 3, Male, 12-years-old).

And

“In the police station I was crying and they ignored me. They attended me after a long while” and “In the hospital I was treated badly” (Child 10, Female, 15-years-old).

Despite the pain of recollection, the children acknowledged the value of being heard. To quote: *“I heard aunt [name of social worker] (at the treatment centre) say to me that it was good to talk, it was not my fault. I do have people who love me and who support me and they will take good care of me , that felt good to me” (Child 2, Male, 12-years-old).*

4.5 Conclusion

This chapter presents the broad thematic areas, dominant themes and sub-themes that emerged during the textual analysis. Quotations are provided from the transcripts to reflect the nature of each theme, as well as to provide a deeper understanding of the child rape victim’s unique and subjective experience. In the next chapter, these findings will be discussed.

CHAPTER 5

DISCUSSION

5.1 Introduction

This chapter presents a discussion of the key study findings. The research findings are integrated and compared with the aims of the research and with the literature reviewed. Lastly, research implications, limitations and recommendations are addressed. In exploring the disclosure process from the perception of child rape victims, the unique meanings and subjective interpretations of the disclosure process as perceived by child rape victims were identified, and insight gained into their experiences of disclosure and the challenges they face in disclosing.

5.2 PRE-DISCLOSURE

The analysis of the pre-disclosure phase provides insight into the children's thoughts and anxieties in coming to understand that they have been raped and in the decision-making process they underwent prior to disclosing their rape experience(s).

5.2.1 Children's reactions to rape

Child rape is a complex phenomenon that requires an intrapersonal process of coming to understand that one has been victimised (Staller & Nelson-Gardell, 2005). In the present study children spoke of a host of both short-term and long-term effects as a consequence of being raped. All of the children spoke of the experience of being raped in negative terms. The children identified being uncomfortable, shocked, afraid, hurt, angry, vulnerable, or humiliated. These findings are congruent with Hershkowitz et al.'s (2007) finding that most child rape victims experience distress at being raped.

Bussey and Grimbeek (1995) suggest that it is still generally assumed that children do not suffer *traumatisation* as a result of victimisation. The commonsense assumption is that children are 'resilient' and 'get over things quickly' (Bussey & Grimbeek, 1995). This assumption often acts to suppress or silence the consequence of being raped. Janoff-Bulman and Frieze (1983) provide a useful theoretical framework for understanding reactions to traumatic events. They explain

that people live out their lives with the assumption that the world that they occupy is meaningful. This pre-understanding allows people to live in a world that makes sense – trauma, however, has the effect of disturbing the meaningfulness of this world (Janoff-Bulman & Frieze, 1983). The traumatic experience of being raped will therefore result in the child experiencing psychological distress due to the shattering of the basic assumptions about the self and the world. In the present study, the children's changed perceptions of being in the world therefore stem from a shattering of their childhood innocence and their new realisation that the world is not predictable, and the certainties that they once had of life have disappeared (Janoff-Bulman & Frieze, 1983).

Furthermore, Janoff-Bulman and Frieze (1983) describe the 'self' as the seat of an individual's identity and inner life. Over time individuals develop assumptions and expectations about themselves (i.e., the children in the present study spoke of keeping their virginity until they were older), which are reinforced, or disrupted, by life experiences that are congruent or discrepant with them.

5.2.2 To tell or not to tell?

Multiple systemic factors at different levels of influence (intrapersonal and interpersonal) operate in individual situations of disclosure, serving to either facilitate the disclosure or inhibit it.

Children have many compelling reasons *not* to disclose. It is in understanding these factors that *facilitate* disclosures that researchers may find ways to help thousands more children break their silence. Thus identifying the positive factors which ease the way for a child to disclose is of importance to prevention efforts.

5.2.2.1 Fear that they will be raped again

Fear connected with the offender and the possibility that they may be raped again was a concern for many children. People need to feel safe and relatively protected from harm (Janoff-Bulman & Frieze, 1983). A traumatic experience leaves the victim feeling incapable of protecting themselves against danger and harm and paralysed with fear (McCann & Pearlman, 1990). The children in the present study spoke of their perpetrators continued access to them as a threat to their ongoing safety and of their fears for the future. Given children's positions of vulnerability

and powerlessness, they recognised that one way in which they could possibly protect themselves would be to disclose, and have their victimisation come to light. The fear that they could be raped again thus factored into the children's decision-making process and served as a facilitator to disclosure.

5.2.2.2 Fear of contracting HIV

Evident in many of the transcripts were the children's fear that they had contracted HIV as a consequence of being raped. This fear served as a motivation for many of the children to disclose their rape so that they would be able to seek, and thereafter receive medical intervention. The children's fears of contracting HIV, or of being raped again because they are young girls is not totally unfounded. The virgin cleansing myth prevalent in South Africa purports that men infected with HIV can cure themselves by having sexual intercourse with a virgin. Men are therefore driven towards seeking 'young' partners in the belief that they will be freed from the virus (Campbell & McPhail, 2003). Collings and Wile's (2004) research found an increase in the proportion of child rape victims testing positive for HIV over a two year period (6.5% in 2002) and (10% in 2003).

5.2.2.3 Perceived support

In the present study, children's beliefs that the disclosure recipient would believe and support their disclosure facilitated or tipped the balance towards wanting to disclose. Similarly, Paine and Hansen (2002) found that children who perceived that their parents/caregivers would be supportive disclosed at a rate 3.5 times greater (63%) than those who believed their parents/caregivers would be unsupportive (17%). Paine and Hansen (2002) defined support as the parent's/caregiver's willingness to accept the possibility that their child may have been sexually victimized, and an absence of evidence of punishing or pressuring the child to deny their victimisation. In a study which focused on 28 children who had sexually transmitted diseases, but who did not disclose their sexual assault, Lawson and Chaffin (1992) report that most of the children whose parents were willing to believe that their child might have been sexually victimised did disclose (63%) whereas only a small proportion of the children whose parents refused to accept this possibility disclosed (17%). It is widely believed that perceived

support is an important factor mitigating children's willingness to disclose sexual victimisation (Kellog & Hoffman, 1995; Paine & Hansen, 2002).

5.2.2.4 Feelings towards the perpetrator

In the present study, children reported mixed emotions towards the perpetrator. Most of the children's feelings fell into two clusters: with some children expressing hatred towards the perpetrator and a desire for revenge and retribution; and some children expressing concern for the welfare of the offender. In Roberts and Taylor's (1993) study, those children who felt anger towards their perpetrators often disclosed purposefully and without delay. They were also unlikely to regret that they had disclosed, believing that their disclosure served an important role in apprehending the perpetrator (Roberts & Taylor, 1993). Staller and Nelson-Gardell (2005) highlight that children often have (especially in the case of intrafamilial abuse) conflicted feelings towards their perpetrators, which may leave them confused and guilty over these feelings as they are aware that they may not be tolerated or understood by others. In Nelson-Gardell's (2001) study, the consequences of disclosure for the offender were a cause of concern to many of the children. Staller and Nelson-Gardell (2005) propose that out of their compassion for the offender, children may decide to withhold disclosure, and as a result the victimisation can continue unimpeded.

Acknowledging children's feelings towards their perpetrators is central to understanding the complexity of the internal (intrapersonal) disclosure decision-making process, as feelings towards the perpetrator can serve as a powerful facilitator or barrier to disclosure.

5.2.2.5 Relationship to the perpetrator

The victim-perpetrator relationship has consistently been found to impact on disclosure decision-making process (Staller & Nelson-Gardell, 2005). Children in the present study reported difficulties in deciding to disclose intrafamilial rape as opposed to making the decision to disclose extrafamilial rape. The observed relationship between perpetrator and disclosure adds to a growing body of clinical and research findings that children raped by close family members or family friends are consistently less likely to disclose their rape experience(s) than those

children who are raped by strangers or acquaintances (Akal, 2005; Arata, 1998; Sauzier, 1989; Sorenson & Snow, 1991). Of the 856 cases of child sexual victimisation reviewed in Akal's (2005) study, only a third (35%) involved incestuous sexual victimisation. This finding was not surprising given the plethora of literature and research studies (Arata, 1998; Berliner & Conte, 1995; Sauzier, 1989; Sorenson & Snow, 1991) attesting that children are less likely to disclose sexual assault committed at the hands of a family member. Summit (1983) elaborates that in cases of intrafamilial child rape, the child victim is burdened with the responsibility of keeping silent and maintaining family togetherness. Moreover, Bussey and Grimbeek (1995) highlight that in situations of intrafamilial rape, the non-offending caregiver/parent, or both caregivers/parents (if the rapist is someone else in the family) are often perceived as unwilling to listen. A child rape victim in such a family may therefore be unable to convey their sexual victimisation. It could be predicted in such families that the possibility of disclosing is quickly eliminated (Sjoeberg & Lindbald, 2002).

The present findings also indicated that intrafamilial sexual victimisation may be associated with delayed disclosure. This is consistent with Smith et al.'s (2000) finding that victims who delayed disclosure for more than one month were twice as likely to be related to the perpetrator than were those who disclosed within one month. When perpetrators are known, children are more likely to avoid reporting the rape, delay disclosure, only acknowledge the rape incident(s) after being prompted, and recant the disclosure as family pressure mounts (Hershkowitz et al., 2007). A child's relationship to the perpetrator can, therefore, affect whether the child discloses or not (facilitator or barrier), and if the child does disclose, the timing of the disclosure.

5.2.2.6 Cognitive/Developmental limitations

Due to cognitive/developmental limitations, many children in the present study did not disclose their sexual victimisation because they did not appreciate that the rape was wrong (i.e., that they were actually being sexually victimised) or that their sexual victimisation should be reported to an adult. This finding was corroborated in Staller and Nelson-Gardell's (2005) study and in the London Family Court Clinic (1995) study. Staller and Nelson-Gardell (2005) found that young children often lack a complete understanding of social taboos and sexual touch, leaving them less

likely to identify their experiences as victimisation which warrants purposeful disclosure. The findings of the London Family Court Clinic (1995) study were that 30% of the children had not initially recognised the abusive behaviours as wrong, 4% said that they could not recall a first abusive incident because they had been too young when the abuse started, and 6% had not been sure either way (they had been, on average, 8.4 years old at the time). As would be expected, only four percent of those who had not recognised the abuse as wrong had disclosed immediately (London Family Court Clinic, 1995). A child's cognitive/developmental limitations therefore remain a crucial barrier to disclosure.

5.2.2.7 Perceptions of responsibility

This sub-theme relates to the internal (intrapersonal) conflicted positioning of self-blame and guilt children in the present study prescribed to themselves alongside their knowledge that they are victims. According to Paine and Hansen (2002), regardless of the type of sexual assault experienced by a child, most children feel responsible for their own victimisation. In addition, child rape victims' feelings of responsibility may be compounded by the intense feelings of shame and stigma associated with rape. Lewis (1997) and Palmer et al. (1999) found that the age of the child is significantly associated with perceptions of responsibility for the rape. According to Palmer et al. (1999:97) developmental factors, such as a young child's natural egocentrism, may lead children to assume responsibility for events in which they are involved, regardless of the role they may have played – "I partly blamed myself. I was too friendly with everyone." Terr (1991, cited in Lewis, 1997) asserts that latency-aged children often belatedly construct a reason for the occurrence of the rape, or a way that the rape could have been averted. Pynoos et al. (1987, cited in Lewis, 1997) refer to this process as 'cognitive reappraisal.' Children who have found reasons to explain why they were raped often attribute blame to their behaviour or their character, and feel intensely guilty (Terr, 1991, cited in Lewis, 1997).

"He told me it was my fault. Because I thought that, 'Why would he do it to me if I hadn't done something wrong?' I thought maybe I'm doing something to encourage him to do this" (London Family Court Clinic, 1995:132).

Most children in the present study felt responsible or believed that they were at least partially responsible for their own rape, or for preventing the rape. Keary and Fitzpatrick (1994) found

that older children were more likely to feel that they bore some responsibility for the rape incident(s). Older children were also more likely to feel (realistically or not), that they could have escaped, or ended the assault (Keary & Fitzpatrick, 1994). Some of the children in the present study also felt that they should have been able to predict the perpetrator's 'bad' intentions. Khan (2005) notes that children's own perceptions of responsibility for their sexual victimisation is a crucial factor in decision-making relating to whether they should disclose or maintain their silence. In the present study, children's fears of being blamed for their own victimisation may not be unfounded. Lewis (1997) found in her review of research studies that sexually abused children are frequently held responsible for their own victimisation. Notions of 'deserving' and 'undeserving' victims operate with children as well as with adults and such factors as the social class, age and gender of the child may influence the kind of treatment they receive (Hunter, Goodwin & Wilson, 1992). Moreover, the way in which reactions of others may differ according to the child's behaviour (for example, passive or active) may be important in whether they are judged harshly or sympathetically by others, as is the case for adult rape (Ullman, 2003). Broussard and Wagner (1988) investigated the effects of victim resistance on the amount of responsibility attributed to child victims of extrafamilial sexual abuse. Their findings indicated that attributions of responsibility are significantly related to victim resistance, with children who are encouraging being seen as most responsible, passive children less responsible, and resisting children as least responsible (Hunter et al., 1992).

Summit (1983) asserts that, like adult victims of rape, the child is expected to forcibly resist, to cry for help and to attempt to escape. In contrast to this expectation, the normal reaction of the child is not to use force to deal with overwhelming threat, but to submit quietly, seldom with protest or outcry, and to keep the abuse secret (Summit, 1983). Furthermore, attributions of blame operate at all levels. The 'just-world hypothesis' proposes that in a just world the good are rewarded and the bad punished (Hunter et al., 1992). Children's feelings of guilt are then reinforced by others who share the belief that in a just world bad things do not happen to the undeserving and thus these children must at some level be at fault.

Thus the literature indicates that sexually abused children are often regarded as collaborators in their own abuse (deYoung, 1994; Finkelhor, 1979; Lewis, 1997; Regehr, 1991). The

implications of this can be far-reaching and serve to silence children from disclosing or reporting the disclosure formally (i.e., to an authoritative body). The present study highlighted that blame, shame and responsibility therefore factor into children's decision-making process about whether to tell or not to tell, with perceptions of responsibility sometimes leading to self-doubt as well as to a delay in telling.

5.2.2.8 Grooming process

In the present study the insidious nature of the grooming process lead some children to perceive themselves as having been 'willing participants' or of 'agreeing to be in a relationship' with the perpetrator, which served as a barrier to disclosure. Fieldman and Crespi (2002) define the grooming process as the strategies sexual offenders use to access their victims, gain their trust, manipulate their compliance in the abusive behaviours, and maintain their silence. Fieldman and Crespi (2002) argue that by initially creating a prosocial façade of caring, this grooming process overcomes natural barriers, helps the offender assess the risk of discovery, and grooms the child victims onto believing they have given permission for more intrusive sexual contact. This complex grooming and silencing strategy may thus leave children with limited success in preventing the rape and reduces the likelihood of disclosure.

5.2.2.9 Threat/Fear of negative consequences

In the present study, the threat of physical harm or fear of negative consequences that await children should they disclose their sexual victimisation was a theme identified repeatedly as a barrier to disclosure. Although cessation of the rape following disclosure is the goal, the present findings suggested that this may not be accomplished without disruption of the family system, especially in cases of intrafamilial rape. Paine and Hansen (2002) found that children fear that disclosure will result in the disruption or dissolution of their family through divorce, separation, or placement of the child and their siblings into foster care. In the present study, the children's fear of the negative consequences their disclosure may not be unrealistic. Bussey and Grimbeek (1995) found in their study that a family member had to leave the family home in one quarter of the cases, usually the father or the child or both; in 12% of the cases family finances were negatively affected, and the child had to make a residential move in 14% of cases, usually to live

with a non-custodial parent, go into foster care, or to return home because the perpetrator had left. Children in the present study were well aware that disclosing will have a major impact on other family members. This is consistent with the findings of Bolen and Lamb's (2004) study, which found that children were able to anticipate the impact disclosing could have on their mothers and the divided loyalty their mothers would have to experience in having to choose who to believe (the child or her husband). Playing upon the complexity of an abusive relationship, in which the perpetrator may also be a loved one, Paine and Hansen (2002) found that the child may be told that revealing his/her victimisation will lead to punishment or imprisonment of the perpetrator. The fear of negative consequences therefore remains as a persistent barrier to disclosure.

5.2.3 Initiating disclosure

Little is known about what children think and feel when having to make a disclosure of rape. In the present study, many of the children spoke about how hesitant and unsure they were about whether to disclose the rape. In addition, the present findings extend available understandings by indicating that children engaged in a process of reflectivity as they attempted to make sense of the rape and of the impact of disclosing. Rieser (1991) recognised that child rape victims both long to, and fear to, reveal their rape experience(s). Harrison (2005) highlights that the inadequacy of a child's descriptive ability and vocabulary, and fear of embarrassment or punishment, may contribute to their reluctance to fully report the details of their sexual victimisation despite a desire to disclose. deYoung's (1994) and Saywitz's et al. (1991) findings illustrate the difficulties and reluctance children experience in talking about their private parts, and intrusive and embarrassing experiences. In deYoung's (1994:27) study, many of the children who purposefully disclosed to their mothers did so with euphemisms such as, "He was messing with me" or "He was screwing around with me." Questions regarding the duration of the sexual victimisation also produced similar vague answers such as "a while" or "a few times - every now and then," or "forever" (deYoung, 1994:27). Saywitz et al. (1991) compared the reports of 5- and 7-year-old girls having scoliosis exams to those having genital and anal exams. When asked an open-ended question about their doctor visit, all of the children having the scoliosis exam spontaneously mentioned having their back touched. Few of the children having a genital exam (22%) or anal exam (11%) reported being touched in those areas (Saywitz et al.,

1991). The present study highlighted that children must be ready (i.e., achieve some level of intrapersonal comfort) to tell about their traumatic and embarrassing experiences before they are able to initiate disclosure.

5.3 DISCLOSURE

This broad thematic area provided insight into the children's lived experiences of disclosing their rape and of the disclosure process. At this point in the disclosure process, disclosure is not only experienced at the intrapersonal level, but is experienced in relation to others (interpersonal).

5.3.1 Disclosure of the rape

For the children in this study, disclosure referred to the act of simply telling someone that they had been raped, and did not necessarily require a more official act of reporting the rape to an authoritative body. Research has previously recognised how complex it is for children to disclose their rape experience(s) (McNulty & Wardle, 1993). Bona (1996) acknowledges that many children do not readily make disclosures following their sexual victimisation. Studies of disclosure in child sexual abuse shows that disclosure tends to be the exception rather than the norm, with estimates of disclosure varying from 33% to 92% for girls (Bagley & Ramsey, 1986; Faller, 2004; Finkelhor et al., 1990; Lyon, 2002; Palmer et al., 1999; Russell, 1986; Russell & Bolen, 2000; Smith et al., 2000; Ullman, 2003) and from 42% to 100% for boys (Collings, 1995; Collings et al., 2005; Finkelhor, 1979; Finkelhor et al., 1990; Johnson & Shrier, 1985; Lyon, 2002). Alaggia (2004) notes that empirical studies suggest that between 30% and 80% of victims do not disclose. Berliner and Conte (1995) maintain that because most children do not report their experiences directly, or choose to delay disclosure, confirms that disclosing their rape experience(s) is a difficult proposition.

In the present study, children's experiences of talking about the victimisation were compounded by the children's awareness of the difficulty and uneasiness for the disclosure recipient to hear about their rape experience(s). Ligezinska et al. (1996) found parent/caregiver uneasiness to be more prevalent in cases of intrafamilial rape, where the disclosure recipient has to battle to imagine that an adult, especially one who is supposed to love and protect the child, would hurt

the child in a sexual way. Jensen et al. (2005) argue that children are capable of a finely tuned sensitivity to their parent's/caregiver's needs, thoughts and feelings. In the present study, children took into consideration the effect disclosure would have on their parents/caregivers, and weighed exactly how much (detail) they would disclose. The act of disclosing may itself be a source of anxiety and trauma to children. Despite this reality, many children will be forced to disclose multiple times, necessitated by disbelieving family members, or simply the complexity of the investigative process they must negotiate to obtain support (Gomes-Schwartz, Horowitz & Cardarelli, 1990).

Despite the abovementioned obstacles and the pain of recollection that disclosure would bring, some children do come forward, taking the brave step to reveal their victimisation. Many children in the present study acknowledged the value of disclosing and of being heard. Many children in this study endorsed the notion that it had been a good idea to disclose, identifying as reasons that they were able to get help, and they were now safer (away from the perpetrator). Warner and Hansen (1997) report that the child's realisation of the importance of disclosing and its benefits should not be diminished, as the disclosure of rape by a child is often the first step in the child protection process, without which the sexual abuse may not be discovered and the child would continue to be victimised.

5.3.2 The nature of disclosure

The various sub-themes or clusters identified in the present study provide a comprehensive understanding of the complex dynamics of the disclosure process.

5.3.2.1 Patterns of disclosure

A central and consistent sub-theme in the present study was around the process of discovering or disclosing the rape incident(s). Ways of telling or disclosing can therefore assume many forms. In the present study children disclosed their rape experience(s) along a continuum of disclosure dimensions; from explicit purposeful statements, to collaborative disclosures (a disclosure involving the assistance of a peer/sibling or another adult), to providing incremental disclosures,

through to the giving of subtle clues and hints. Some children never disclosed, and had their sexual victimisation come to light through accidental discovery.

In the present study, children purposefully disclosed either formally to a police person or to their parents/caregivers (their mother). This is consistent with the London Family Court Clinic (1995) study, which found that 33% of the child victims purposefully disclosed to a parent/caregiver after the first incident and the authorities were notified, whilst 24% purposefully disclosed formally (i.e., to a police person).

In the present study most of the children purposefully disclosed to a peer. This pattern of disclosure is also consistent with previous research findings (Faller, 2004; Gries et al., 1996; London Family Court Clinic, 1995). However, Gries et al. (1996) argue that disclosures to peers could prevent official discovery of the child's sexual victimisation by providing an outlet for the expression of emotions. Alternatively, Faller (2004) believes that child disclosure recipients could support and encourage a child to tell adults, or tell themselves, as was the case for two of the children in the present study. For these two children, parent/caregiver knowledge of the rape or notification of the authorities was an unforeseen consequence of disclosing to friends or siblings in a private conversation, when the friends/siblings took it upon themselves to inform an adult(s). Similarly, in the London Family Court Clinic (1995) study, 39% of children who purposefully disclosed to a peer had only intended to tell the friend of their victimisation, and not tell an adult, but the friend told, and the sexual victimisation was reported.

Three children in the present study delayed their disclosure. Of these delayed disclosures, one child's rape was 'accidentally' discovered; the second child 'purposefully' disclosed to a peer, and the third child 'purposefully' disclosed to a mother. Children in the present study therefore disclosed in more than one way. Alaggia (2004) advises that the types or patterns of disclosure should not be seen as necessarily discrete or mutually exclusive, as many children disclose in more than one way. Likewise, in the London Family Court Clinic (1995) study, many of the child victims did not tell after the first sexual incident. Noteworthy is that 10% of the 44% who delayed disclosure were sexually victimised again by the same perpetrator (London Family Court Clinic, 1995).

Some children in the present study had their sexual victimisation ‘accidentally’ discovered and thereafter were questioned by their parent/caregiver. In response to being questioned, the children verbally disclosed and confirmed the parent’s/caregiver’s suspicions. With respect to elicited/prompted disclosures, Lewis (1997) found that in extreme cases, children may be physically punished into disclosing.

“A mother, who became suspicious when she noticed a discharge and blood in her daughter’s urine, threatened and physically punished the child to coerce her to disclose” (Lewis, 1997:22)

And

“He said nothing has happened to him. Then I said, okay let’s go to the doctor, and when I go to the doctor she told me that he was abused ... then she just give him some tablets. He told me that time when we come back from the doctor, when I’m trying to hit him, I was trying to beat him then he told me that it is somebody from the family” (Lewis, 1997:22).

Grover (2004, cited in Jewkes & Abrahams, 2002) warns that children need to have the freedom to communicate in their own way, using the medium with which they feel most comfortable. In Collings et al.’s (2005) study, 43% of the cases were discovered through accidental detection, while in the London Family Court Clinic (1995) study, 4% had their first incident witnessed.

Children in the present study also ‘indirectly’ disclosed. This is consistent with Alaggia’s (2004) findings that children sometimes make more subtle disclosures, with hints and clues and statements made in language which may not always be recognized by adults as a disclosure. Moreover, young children especially may not have the vocabulary to describe what happened to them (Alaggia, 2004).

Children in the present study also made dead-end disclosures. Such disclosures, which have previously been mentioned in the literature, involve situations where children make immediate disclosures that did not lead to the notification of the authorities, either because the disclosure recipient disbelieved and thereafter silenced the child; the disclosure recipient believed the child but did not act on the disclosure; or the disclosure recipient kept the child’s confidence (Lewis, 1997; London Family Court Clinic, 1995). The present finding that children make dead-end disclosures is consistent with the London Family Court Clinic (1995) study, which found that before the disclosure which led to the notification of authorities, half of the delayed disclosers

had made dead-end disclosures, either to share the secret with a friend or in an unsuccessful attempt to get adult intervention. Roesler and Wind (1994) also found dead-end disclosures in their study involving incest and intrafamilial rape, with 52% of the victims who disclosed in childhood having the sexual victimisation continue for at least a year after the disclosure. Similarly, Sauzier's (1989) study of sexually assaulted victims at a family crisis centre found that 17% of the children's initial disclosures did not lead to formal reporting. Cases in which the initial disclosure did not lead to reporting have been explored in various studies. Khan (2005) believes that for the most part, dead-end disclosures are meant to be dead-ended, or kept secret in other words. When child victims make dead-end disclosures, they select people who would be sympathetic and could be trusted to keep their secret (Khan, 2005). Khan (2005) elaborates that this is the reason why most children told their friends (50%) or siblings (10%). Khan (2005) highlights that 44% of respondents explicitly requested that the disclosure go no further. Khan (2005) maintains that this was the major reason why disclosures were dead-ended, with 63% of the child victims stating that they were glad that the disclosure recipient had not told anyone. However, a few expressed sadness that their disclosures were not believed, or that the recipient had not taken action to inform the authorities (London Family Court Clinic, 1995)

A unique finding of the present study was the identification of a new theme or pattern of 'collaborative' disclosure, not previously mentioned in the literature. This pattern of disclosure describes those situations where a child discloses with the aid of a peer/sibling or another adult. Patterns of disclosure in the present study were therefore for a large part consistent with patterns identified in previous studies (Alaggia, 2004; Collings et al., 2005; London Family Court Clinic, 1995).

5.3.2.1.1 Age - disclosure patterns and rates as a function of age

In the context of sexual abuse, and specifically child rape, the form the disclosure takes would be expected to vary as a function of the age of the child. The results of the present study suggest the possibility of age-related differences in the degree of intent between younger and older children's initial disclosures to a confidante. Younger age at the time of the rape experience tended to be associated with non-intentional disclosure. As younger children are often not aware of the norms that govern sexual activity, they may inadvertently disclose their rape experience(s)

nonverbally in the form of sexual behaviour learned from the episode. In contrast, older children's disclosures were found to be explicit and rich in detail. These findings are congruent with previous research which has established that older children are more likely to disclose with intent, as they would be expected to rely to a greater extent on verbal disclosure of the rape, and thereafter, to regulate their disclosure by choosing whom they will disclose to and in how much detail (Sjoeberg & Lindbald, 2002; Smith et al., 2000).

Compared to the school-age and adolescent children in the study, the younger children in the present study did not always understand that they had been victimised, which left them as less likely to purposefully disclose. Bybee and Mowbray (1993) argue, however, that as younger children lack an appreciation that rape is wrong, they may discuss (without any understanding of the implications) topics and acts that are not age-appropriate and hence these serve as subtle cues that something is amiss. Sjoeberg and Lindbald (2002) concur that a similar developmental failure to appreciate the negative consequences of disclosure may lead young children to speak more freely about their abuse, and thus be more likely to disclose, albeit accidentally.

Younger, preschool and school-aged children in the present study were also more likely to have their sexual victimisation accidentally discovered as they are more dependent upon caregivers for help with their overall care (for example, dressing and bathing). Bona (1996) elaborates that younger children's activities are subject to greater amounts of adult observation, and sexual behaviour or knowledge in a young child is more readily identified by caregivers as worrisome.

5.3.2.2 Context of the disclosure

Given that it is difficult for children to disclose their sexual victimisation, it is useful to examine the triggers that may prompt initial disclosures. Many children in the present study identified a conversation or external event that served as the precipitant or motivator for disclosure. This is consistent with Jensen et al.'s (2003) view that disclosure as a dialogical or interpersonal process becomes less difficult if children perceive that there is an opportunity to talk, a purpose for speaking, and a connection which has been established to what they are talking about (i.e., the disclosure recipient discerns that inherent in the child's communication, there is a disclosure that they have been raped/victimised). The children in Jensen et al.'s (2003) study reported that in

many of their homes there were never conversations around sexual abuse so the children never felt that it was the right time to talk about it. The children felt that there was never an opportunity to bring up their victimisation or an opening/space in everyday conversations in which to disclose (Jensen et al., 2003). Jensen et al. (2003) propose that as parents have developed conversational routines for talking about issues like personal hygiene, they need to develop conversations and open communication about sexual abuse.

Other children in the present study identified external situations as the prompt for their disclosure. Of interest was that one child's disclosure arose in the context of been taken to have her virginity tested. Virginity testing is an ancient African tradition used to establish if a girl/woman has engaged in sexual relations (Gallagher, 2005). Testers examine a girl's genitalia and look to see if the hymen (which is taken to look like a white lacy veil) is still intact (LeClerc-Mdlala, 2001). If the girl is found to be a virgin, she receives a mark on her forehead and the community celebrates her virgin status (Gallagher, 2005). If a girl is found to no longer be a virgin, she may be punished/shamed (LeClerc-Mdlala, 2001). As a result of the discrimination girls face when they are 'found' not to be virgins, the Children's Bill has banned virginity testing for children under the age of 16 (Gallagher, 2005). Whilst acknowledging the discrimination, and public shame and humiliation that is caused by virginity testing, for some children in the present study, it was this event which provided a much needed space/opening in which to discuss a often hushed topic. Jensen et al. (2003) in their review of research studies pertaining to disclosure conclude that although there is a sizeable body of literature on child sexual abuse and the incidence of disclosure, there is a need for more research on the circumstances/context (intrapersonal and interpersonal influences) surrounding children's disclosure of rape.

5.3.2.3 Disclosure recipients

All of the children in the present study reported that the choice of who to tell is important. Many of the children indicated that they chose someone they felt that they could trust (intrapersonal influence), and who would be able to manage their distress. This finding is consistent with the findings of Staller and Nelson-Gardell's (2005) study, which identified that trust features predominantly in children's disclosure-making calculations. Furthermore, the children in their

study noted five factors as critical when choosing a disclosure recipient – credibility, support, advocacy, strength, and protectiveness (Staller & Nelson-Gardell, 2005).

In the present study not all the children chose their parents/caregivers as the initial confidants for the disclosure of their rape(s). Some of the children disclosed to their peers and siblings, whilst others disclosed formally to a police officer. Therefore, the two main categories of disclosure recipients in the present study were parents/caregivers and peers/friends, a finding which is congruent with the findings of the previous studies (Arata, 1998; Berliner & Conte, 1995; Henry, 1997; Roesler & Wind, 1994).

Hershkowitz et al. (2007) found, when examining age and its influence on choice of disclosure recipient, that older children tend to avoid disclosing their experiences to their parents, whereas younger children preferentially disclosed to their parents rather than to siblings or friends. Pennebaker (1997) notes that whilst this may reflect avoidance of parents, it also reflects the increasingly supportive role played by the peer group (inter-group influences) as children get older.

In the present study, disclosures to parents/caregivers were made mostly to mothers. Similarly, in Berliner and Conte's (1995) study, children reported that they had told their mothers first in almost half of the cases (48%). The next largest category of initial confidant was a peer/friend (17%), with the choice of a father as the initial confidant comprised only 5% of cases (Berliner & Conte, 1995). Relatives and professionals were the choice of confidant for the remaining cases, and it was through these relatives and professionals that the parents/caregivers had learned about their child's victimisation. Petronio, Flores and Hecht (1997) argue that the choice of a father as an initial disclosure recipient is the least popular because fathers have little involvement in child care, and many girl children are embarrassed to disclose the fact that they have been raped to their fathers. DeMarni Cromer and Freyd's (2007) suggest if fathers display a deeper commitment to their fathering roles and communication styles with their daughters, this may facilitate disclosure.

5.3.3 Reactions to disclosure

The study of the reactions and responses to a child's disclosure of rape has gained considerable interests for professionals working in the area of child sexual victimisation. The present study identified the initial emotional responses (interpersonal influences) to the child's disclosure of rape. When asked to describe the initial reaction of their chosen confidante, the children in the present study reported the following reactions: upset/sadness, shock/surprise, anger, and disbelief.

The present study found that some children receive supportive reactions to their disclosures of rape. This is consistent with findings of other studies (Akal, 2005; Alaggia, 2004). Supportive responses were defined as: belief in the child's account of the rape, effective actions being taken to protect the child from further victimisation; and offers of positive emotional support (Akal, 2005; Alaggia, 2004). The present study also found that children receive non-supportive reactions to their disclosures. Non-supportive reactions were defined as any one of the following: disbelieving the child; believing the child but displaying blame or anger towards the child for the sexual assault; not taking adequate action to protect the child; and displaying anger toward the child for disclosing their sexual victimisation (Akal, 2005; Alaggia, 2001).

In addition, the present study found that a degree of regulation of disclosure based on expectations regarding recipient reactions, was evident in the transcripts. In the present study, not all children received the reactions that they had expected. Four clusters emerged from the transcripts: children who expected a supportive reaction, and received a supportive reaction; children who anticipated a supportive reaction, but received negative reactions; children who expected a negative reaction, but whose fears of telling were did not materialise when the recipient offered a supportive reaction; and children who expected negative reactions and had to cope with the negative reactions. The present findings indicate that there is a clear need for a broader conceptualisation of the nature and form of supportive and non-supportive disclosure reactions.

A primary reason for non-disclosure both in the present study, and in other studies (Arata, 1998; Berliner & Conte, 1995; Roesler & Wind, 1994; Sauzier, 1989; Ullman, 2003) appears to be the fear of negative reactions from others, such as being disbelieved or blamed for the rape. Akal

(2005) highlights that for those children who do disclose, a significant proportion experience non-supportive reactions. Akal (2005) found that of 856 child rape victims, 222 (26%) experienced non-supportive reactions at the time of initial disclosure. The extent of non-supportive disclosure in Akal's (2005) study was 26%, a figure which is consistent with estimates obtained by previous researchers (Arata, 1998; Berliner & Conte, 1995; Roesler & Wind, 1994; Sauzier, 1989; Ullman, 2003).

A further finding to emerge from the present study was that many of the children were upset by their parents'/caregivers' emotional reactions to the disclosure. The children reported that seeing their parents crying and feeling so helpless in the aftermath of the disclosure was the worst part of their experiences. Lewis (1997) argues that the parent/caregiver must be able to integrate the experience of receiving the disclosure without demonstrating too much anxiety to the child. If supports are unavailable (due to the parent's/caregiver's level of distress), this may be more distressing than the initial victimizing experience (Lewis, 1997). Of interest is that South African professionals working in the area of child sexual victimisation may be aware of the children's unwillingness to disclose, and parent's problematic reactions to disclosure:

"He (the examining doctor at Baragwaneth) advised me not to shout at her, not to beat her, I have to sit down with her so that I have the information, because if I shout, if I cry, if I do all those things, she'll just fear to say. Because the perpetrators threaten them" (Lewis, 1997:24).

MacFarlane et al. (1986, cited in Regehr, 1990) suggests that when a young child is sexually assaulted, the trauma to the caregivers is as significant as the trauma to the child. However, the family's reaction to the disclosure of the assault (interpersonal influence) significantly affects how the child comes to understand (intrapersonal influence) and cope with their rape experience(s).

Researchers and clinicians have concluded that supportive and protective reactions to disclosure play an important role in ameliorating the negative effects of child rape, are essential for halting the sexual victimisation and intervention, and are the first step in the child's road to recovery (Alaggia, 2001; Arata, 1998; Ullman, 2003).

5.4 POST-DISCLOSURE

In the aftermath of disclosure, intrapersonal, interpersonal and inter-group/institutional influences play a role in the child's feelings about having disclosed, their evaluation of whether disclosing was worth while, and their decisions to engage in subsequent disclosures (i.e., to keep telling).

5.4.1 Feelings about disclosure

When disclosure takes place, a previously private act becomes public as one reveals personal information to others. In the present study, a range of feelings (intrapersonal influences) regarding the impact of disclosure were identified (i.e., the many of the children reported that they continued to have a wide range of feelings after telling).

Most of the children expressed how they felt about having disclosed the rape; either they felt positive (they had experienced the healing power of telling their stories and of not being silenced), had mixed feelings, or wished they had not told. Berliner and Conte (1995) conducted a retrospective survey of 82 children seeking to elicit the children's feelings about having disclosed. Children in their study reported that relief was the most common emotion (69%) related to disclosure, with fear (16%), sadness (7%) and anger (3%) additionally described (Berliner & Conte, 1995). In the present study, those children who regretted disclosing, indicated that they were extremely unhappy with the effect disclosing had on their parents/caregivers. The children in the present study felt that they had placed a burden on their parent's/caregiver's shoulders. For other children in the present study, fears of the consequences of disclosing were not realised, which they felt contributed to their sense of being 'glad' that they had disclosed.

In addition, children in the present study reported a sense of being overwhelmed; a loss of control as their disclosures spiralled out of control, with many people they did not want to know finding out about the rape. Watkins and Bentovim (1992) warn that disclosure must proceed at the child's pace, with sensitivity, to allow the child to adapt to the fact that his/her personal experience has become public knowledge.

5.4.2 Disclosure sequence

In the present study, disclosure was seen as an unfolding process that extended over a period of time and included one or more confidants (parents/caregivers, siblings, peers, other family members). Staller and Nelson-Gardell's (2005) research yielded similar findings, with Staller and Nelson-Gardell (2005) concluding that disclosure can be understood as an iterative interpersonal process in which children interact with adults/friends/trusted others, and incorporate their disclosure recipient responses into their ongoing decisions about telling. Staller and Nelson-Gardell (2005) believe that it is unlikely that most children fully anticipate the subsequent disclosures they will be required to make post initial disclosure.

In the present study, for many of the children, the first person they disclosed to did not themselves initiate the process of calling the authorities. Rather, the initial confidant encouraged and supported the child in their disclosure to a parent or other responsible adult, or collaboratively made the disclosure with the child, which led to the police being called. Noteworthy was that each reaction in the disclosure sequence served to mediate the nature of the child's subsequent disclosures (for example, purposeful or tentative). Staller and Nelson-Gardell (2005) similarly found that children may be dissuaded from telling complete, thorough, and linear accounts of their victimisation when they encounter adults who appear to be less than sympathetic and supportive. Thus, Staller and Nelson-Gardell (2005) believe that many adults may be silencing children prematurely.

Likewise, the London Family Court Clinic (1995) study found that the reactions of the recipient can forestall a disclosure in midstream. The London Family Court Clinic (1995) study illustrated that the recipient's behaviour (interpersonal influence) is a significant factor in the child's decision-making (intrapersonal process) to elaborate and provide a full verbal disclosure, as many of the children in the study reported that they had initiated disclosures by revealing a fragment of information but stopped because of an undesired reaction. The way the recipient responds to the disclosure is therefore critical to whether a child will tell further. The disclosure sequence highlights that disclosure should not be treated as a static event but rather be seen as a fluid interpersonal process during which children receive, process, evaluate, and react to information based on how adults respond to them, and adjust their disclosures according to the

responses they elicit, which continues to inform their internal on-going strategies of telling/disclosing (Bona, 1996; Staller & Nelson-Gardell, 2005).

5.4.3 Cultural/Community response

In addition to professional support and legal intervention, the need for social support (inter-group validation) was identified in the present study. However, in drawing support from one's community, cultural influences surfaced in the response of parents/caregivers, family and the community to the children's disclosure of rape. These influences included religious factors and cultural beliefs regarding preserving the family unit and the 'type' (cultural versus the legal justice system) of justice that the perpetrator should receive. For many children in the present study, responses to disclosure involved conflict over the form/type (cultural versus legal) of justice the perpetrator and the family of the child should receive.

Guma and Henda (2004) explain that a desire for revenge or retribution is a common response to the assault of a child in African culture. However, the police are not a trusted institution and the legal system is not considered to be a legitimate enforcer of equality (Lewis, 1997). Even if the perpetrator is convicted within the legal system, the community favours their own form of justice (inter-group influences). Guma and Henda (2004) cite the case of a barber (in Langa Township, in the Western Cape) who was convicted and imprisoned for raping school children in the area. The community, however, protested against the barber's imprisonment because they wanted to beat him and kill him (Guma & Henda, 2004). Airhihenbuwa and Obregon (2000) argue that African people prescribe to a collectivist culture, where individual (intrapersonal) decisions about behaviour/retribution/justice are mediated to a great extent by social norms (inter-group/institutional influences). In African culture, rape is not only considered demeaning for the girl and the family, but is a loss in financial terms as virginity is prized (Guma & Henda, 2004). The disclosure of rape therefore becomes an issue dealt with on an extended family level or at a community level. In African culture, the sexual assault of a child is seen as a crime against the father, who is entitled to demand restitution (in the form of money, known as the *inhlawula*) (Z. Ntuli, personal communication, October, 2007). The *hlawula* is the money that is paid to the child's family; it is to pay for the damages done when the girl's virginity was taken (Z. Ntuli,

personal communication, October, 2007). By paying the *inhlawula*, the perpetrator (and the perpetrators family in some cases) are showing respect for the wrong that was done to the family (Z. Ntuli, personal communication, October, 2007). One child in the present study was asked to drop the charges against her perpetrator and engage in the culturally appropriate prescribed form of justice, the paying of the *inhlawula*. The child was lucky as her family understood her need (intrapersonal) for validation and for seeing her perpetrator apprehended, and therefore did not drop the charges.

Guma and Henda (2004) identified individualistic versus collectivistic value orientations as one of several differences that might influence a child's willingness to disclose. Children raised within cultures espousing collectivistic values are socialised into a climate of power differentials and male patriarchy, where the father (or another family man) is the leader and authority of the family (Airhihenbuwa & Obregon, 2000). Men financially support the family, make the decisions, and are the disciplinarians (Airhihenbuwa & Obregon, 2000). Guma and Henda (2004) point out that often there is an imbalance of power and decision-making with an uncle being able to override a mother's discipline or decisions made about her children. Furthermore, child obedience scripts are evident in many African and Indian cultural contexts where children are expected to be respectful to their elders and be obedient to their demands, making disclosure against fathers, grandfathers, uncles, brothers, cousins, family friends and teachers difficult if not impossible (Guma & Henda, 2004).

Alaggia (2001) acknowledges that in those religions or cultures which adopt a strict adherence to patriarchal structures, separation or divorce is not an option, as both religion and the community do not accept or favour divorce. This religious and culturally embedded belief system leaves the non-offending parent little room to engage in the protective action of removing the child to a place of safety post-disclosure (Alaggia, 2001). Furthermore, the religious or culturally embedded belief system about protecting the family system from outside interference often results in the silencing of the child post-disclosure. "When we receive a referral from the Muslim, Jewish or Catholic religion, or Jehovah Witnesses, we know we have our work cut out for us" (Alaggia, 2001:53). The above identified religions' issue of family preservation was identified as the main source of tension in Alaggia's (2001) study. Okamura, Heras, and Wong-

Kerberg (1995:82) maintain that “it is not uncommon for Asian/Indian children to recant allegations of child sexual abuse and sacrifice their individual needs for the integrity of the family.”

Alaggia (2001) notes that a paucity of research exists on the role of race, religion and cultural factors in relation to disclosure, and disclosure reactions. Moreover, Alaggia (2001) argues that although some cultural and religious factors may inhibit disclosure in specific subgroups of the population, these have not been documented and discussed. Ullman (2003) recommends that increasing our cultural awareness by recognising and respecting cultural differences lies at the heart of culturally sensitive approaches, which should ultimately serve to protect the victimised child from further victimisation. With respect to disclosure in children from Africa or Indian cultures, the present study has highlighted that intervention by professionals may be required at a community or group level as well as the individual and family level. Interventions at such levels may help to facilitate a child’s full disclosure and minimize the likelihood that the child will recant their disclosure of rape (Lovett, 2004).

5.4.4 Police

The response of the South African Police Services (SAPS) (institutional influence) emerged as an important theme. In the present study, the perceived lack of a supportive response by the police was identified as a barrier to subsequent disclosures. The children in the present study reported that they were left waiting sometimes for hours without being attended to, and when they were attended to it was often in a harsh and unempathetic manner. Loffell (2004) argues that it is known that aspects of the criminal justice system may lead to the secondary victimisation of children.

Furthermore, both the children and their families in the present study felt that the SAPS’s response, investigations, and outcome of the investigations were unsatisfactory. Often no penalty was imposed on the perpetrator, even in cases where he was apprehended. In the present study, the children’s sense of betrayal and outrage was exacerbated in cases where the perpetrators lived in the child’s community, or continued to have access to the children. Even

when the perpetrator was identified and charged, he usually remained in the area. Lewis (1997) argues that the social sanction of a legally imposed punishment plays a role in assisting victims to recognise the responsibility of the perpetrator and to diminish or minimise self-blame. The fact that the majority of the children's rapists in the present study were not apprehended, or even prevented from intimidating victims has implications for whether the child will continue to tell or recant their disclosure at some point.

5.4.5 Role of teachers/schools after disclosure

On the basis of the children's comments in the present study, it seemed that disclosing to a teacher was not an easy thing to do. Some of the children in the present study felt that teachers would pity them or treat them differently while others said they would have felt embarrassed to know the teacher knew. For children in the present study who did disclose to their teachers, they found that their teachers can be a significant source of support in the difficult period post-disclosure and preceding court cases. Lewis (1997) argues this is especially important in those cases where parents/caregivers were ambivalent/hostile to the child's disclosure. The London Family Court Clinic (1995) study found that in 15% of the cases, the school was involved in the disclosure sequence and so they already knew about the rape even before the charges were laid. However, in 28% of the cases, the children and/or their families decided against telling the school, and chose to tell the school that the children were sick or visiting the doctor when they were really at court-related appointments (London Family Court Clinic, 1995). This is unfortunate as the present study found that teachers who are aware that the child has been raped may also be more likely to be sensitive to the transitory behaviour problems and increased absenteeism which can stem from child rape and disclosure. The role of teachers/schools during/after disclosure (institutional influence) can therefore serve to facilitate or hinder disclosure/subsequent disclosures.

4.4.6 Was disclosure worth it?

What started as an intrapersonal process returns to the intrapersonal level. For many of the children in the present study, the question of 'was disclosure worth it?' arose many times. In the present study, the child's experience of the criminal justice and health care systems seemed to

play an important role in the child's answer. The children's experience of the legal and health systems varied. A few children felt supported by the police and health professionals they encountered, and reported that the disclosure was worth it. The majority, however, reported negative experiences. Those children in the present study who reported negative experiences were disappointed with the treatment they received from the police and/or medical practitioners they encountered. Loffell (2004) notes that it is not uncommon to find that instead of being supported and offered care and protection, the failings of the health and criminal justice systems subjects rape victims to secondary victimisation. Insensitive police and medical practitioners can cause harm by contributing to the silencing of the child (Loffell, 2004). Many of the children in the present study reported how hard it was for them to have mustered up the courage to make the disclosure in the hopes of seeing their perpetrator being apprehended or seeing justice served. Many, however, had come to realise that the purpose that motivated their disclosure may not, given the inadequacy of the criminal justice system, ever be realised. For many children in the present study this resulted in serious doubt as to whether their disclosures were actually worth while, with some children reporting that if they had the chance to do things over they may not disclose.

However, at the same time, the children in the present study felt that in order to have survived their ordeal, the impact of disclosure, and the reactions of various recipients in the aftermath of disclosure, they had to use their own resources in a positive way. Children in the present study felt that they are, therefore, in a unique position to give messages to other children about what was helpful regarding disclosure. Bearing in mind the difficulties that some of the children in the present study had been through because of/since disclosing, the message to other children to tell someone (disclose) about the rape/abuse carries even more weight. The importance of this message should not be minimised, as a child's self-disclosure of sexual abuse is critical to initiating interventions by caregivers and child protective services (Warner & Hansen, 1997). Given that physical evidence to confirm sexual victimisation exists infrequently, a child's statement is often the decisive factor in allowing an investigation to go forward (Bona, 2006; Roberts & Taylor, 1993).

5.5 Conclusion

Akal (2005) believes that the rape of children constitutes a serious, persistent and insidious worldwide concern. The present study provides valuable information for researchers and practitioners concerned with children's disclosures of their rape experiences. Staller and Nelson-Gardell (2005) argue that for professionals (police officers, lawyers, protective service workers, judges, social workers, psychologists) working in the area of child sexual victimisation it would be easier if children affirmatively disclosed their victimisation to a responsible adult in a trustworthy, detailed, consistent and unwavering fashion. However, in reality the disclosure process is neither so complete nor so linear (Staller & Nelson-Gardell, 2005). In contrast to much of the literature, which refers to disclosure as a discrete time-limited event, in the present study, disclosure was seen more as an unfolding process of 'telling' that extended over a period of time (i.e., there was an initial disclosure and subsequent disclosures) and may have included one or more confidants (peers/siblings, parents/caregivers, other family members/adults). The children were also impacted on by multiple streams of influence (intrapersonal, interpersonal and inter-group/institutional). Staller and Nelson-Gardell (2005) reiterate that the process of disclosure should be viewed as a whole rather than in parts, is ongoing and includes pre-disclosure, disclosure (in many different patterns and dimensions) and post-disclosure stages (consistency of subsequent disclosures in the aftermath of the recipient's reactions).

As seen in the present study, in the pre-disclosure phase, the children first had to make the decision to disclose by themselves, which meant wrestling with and understanding their feelings towards the perpetrator and the nature of the rape experience. After making the decision to disclose, they then had to find a way to disclose (for example, either directly through a verbal statement or through another more subtle way); a context within which to disclose; and, most importantly, a recipient who they could trust with the disclosure. Post-disclosure, some children found that once they had made the initial disclosure, subsequent disclosures sometimes had to be made. Some of the children were able to rely on peers or siblings to aid with the subsequent disclosures, others did not have to disclose, with their parents/caregivers noticing that something was amiss. Post-disclosure, the children had to weather their confidant's reactions, and in some cases their families and communities reactions to their disclosure (interpersonal/inter-group and institutional influences). Ultimately, the children had to decide (intrapersonal process) based on

all of their experiences in the aftermath of disclosure, if disclosing was worth it. The children's main positive contribution to this research was their ability to evaluate for themselves the experience of disclosure and to construct it in a way that helps practitioners, researchers, policy-makers, and most importantly, other child rape victims.

5.5.1 Theoretical implications

The present study indicated that disclosure can usefully be conceptualised using the London Family Court Clinic's (1995) 'Tipping the Balance' model. The London Family Court Clinic's (1995) 'Tipping the Balance' theoretical model employs a scale as a metaphor for the competing influences on a child who is sexually victimised. The model proposes that a fragile balancing act precedes the decision to disclose (London Family Court Clinic, 1995). Such a decision is affected by competing pressures (intrapersonal, interpersonal and inter-group/institutional), and by what the present study has identified as facilitators and inhibitors. In each individual child's case, the balance must tip so that the facilitators and perceived benefits outweigh the influence of the many factors which can inhibit disclosure (London Family Court Clinic, 1995). The model recognises that the choice to disclose or not is a product of multiple streams of influence/systemic levels and that disclosure is a process; for some children the decision to disclose takes an instant, for others, it may take months or years, while some children may never come to a point in their lives where the balance tips so that they will feel able to tell (disclose). In addition, the decision to use ecosystemic theory as a conceptual framework for the present research proved to be of heuristic value as it allowed for the consideration of multiple levels of influences (intrapersonal, interpersonal, inter-group/institutional) that have an effect on the disclosure process, on the thoughts and feelings of the child, and on the decisions that they made or did not make in the course of disclosing their sexual victimisation.

Although the present research does not claim to represent a comprehensive study of disclosure, the intention is that the findings of the present study might function to augment existing theoretical models conceptualising disclosure; provide a constructive basis for further investigation into the many types/patterns of disclosure; and contribute toward the development of a comprehensive and socio-culturally informed conceptualisation of disclosure as experienced by child rape victims.

5.6 Recommendations

From the results of the present study a number of clear priorities for programme improvement emerged. It is suggested that the following areas are further researched and prioritized for programme improvement at the levels of policy and practice.

Disclosure, regardless of its limitations, is the primary means by which the experiences of sexually victimised children may be understood. Its significance therefore should not be overlooked. It is important to continue to look beyond conventional approaches, and to explore new strategies to facilitate disclosure. Firstly, the findings of the present study demonstrated that children have the ability to eloquently describe their experiences of disclosure and of professional interventions. As Mauthner (1997:21, cited in Jewkes & Abrahams, 2002) states, “when space is made for them, children’s voices express themselves clearly.” In addition, it is hoped that in providing insight into the disclosure process and the aftermath of disclosure the present study may assist in developing improved and informed therapeutic services, and intervention programmes for children.

In studying the disclosure process, it is recommended that prevention programmes should pay more attention to assisting children to recognise what behaviours constitute the beginnings of an insidious grooming process and how to best protect themselves. Prevention programmes must reinforce that while children must continue to stay away from strangers, they are also at risk from people that they know. Recognition of the cognitive limitations of young children suggests that children must be educated to recognise behaviours that constitute sexual abuse and on the importance of telling (disclosing). However, it is not enough to instruct children to tell, without acknowledging the real and formidable barriers to disclosure. It is cruel to portray the message that “once you tell, everything will be okay.” Children should be informed about events that are likely to follow in the aftermath of telling. Furthermore, children need to know that the aftermath of disclosure can be highly stressful even when no physical threat remains (Lewis, 1997). Before they make the decision to tell, it is recommended that children need to have a better understanding of both the ‘good’ and ‘bad’ consequences of the decision to disclose. Thereafter, it is suggested that children need to be taught how to effectively disclose the embarrassing material associated with rape and to feel a sense of confidence in their ability to do

so. Awareness of the benefits and costs of disclosure will lead children to confide wisely (initial confidant) and retain a sense of control. It is important that disclosure recipients encourage an atmosphere of belief, support and affirmation. Otherwise, child rape will continue to be under-reported, with children having little option but to maintain their silence.

The findings of the present study affirm that addressing child rape requires a committed multi-sectoral partnership between government, non-governmental organisations, civil society, researchers and the community. It is recommended that parents/caregivers, individuals working with children, and the public in general must be educated regarding the disclosure process and regarding common barriers to disclosure (Bona, 2006; Paine & Hansen, 2002). Efforts towards educating and preparing potential confidants (how to deal with and respond to child rape disclosure) are in the victim's best interest, as such efforts might serve to increase support for children making purposeful disclosures and decrease the likelihood of negative reactions to the tentative or indirect disclosures of many children (Akal, 2005; Paine & Hansen, 2002).

The findings of the present study suggest that schools should be more disclosure-friendly places. Lewis (1997) estimates that at least one child in each classroom could disclose sexual abuse. Although schools would be a likely place to disclose, teachers are not receiving (or reporting) many disclosures (Lewis, 1997; London Family Court Clinic, 1995). Teachers as a group were not seen by the children in the present study as desirable disclosure recipients. This was partly because of embarrassment, lack of trust and the feeling that teachers would either be unsupportive, unbelieving, or gossip about what they were going through. Disclosing at school does raise the possibility that the disclosure may not remain confidential so efforts to address this concern need to be made.

With respect to the way forward, the Children's Bill now includes mandatory reporting requirements for teachers, medical practitioners, psychologists, nurses and other persons dealing with children in a professional capacity (Childline, 2007). This is a welcomed initiative as directives for such reporting are long overdue (Childline, 2007). However, the results of the present study indicated that many children disclose to family or friends who do not have the training to know how to respond to their disclosures. The present findings that many children

disclose first to their peers underscores the importance of increased attention being focused on efforts to teach children appropriate ways to seek help for their friends who have been sexually assaulted.

Wasserman (1991) provides the following guidelines for dealing with disclosure:

1. Believe the child – possibly the most important thing a recipient can do for a child is to let them know that they believe their statements about being sexually victimised. Sexual victimisation thrives in secrecy. Once the secret is disclosed, it is much more difficult for the sexual assault to continue.
2. Stay calm – many times a child will disclose a little bit of what happened to them to test how the recipient will react. If the recipient's facial features or emotional outburst reveals that they are shocked, angry, disgusted, or otherwise upset, the child may not tell everything about their rape and may recant the disclosure they have already made. Moreover, a child may misread the recipient's response. When the child discloses their victimisation, a recipient's natural reaction is to get angry at the offender. However, the child may believe that the anger is directed at them rather than the offender, which may play into the perpetrator's silencing strategy. It is important that the recipient let the child know that any anger expressed is directed toward the perpetrator, and not toward the child.
3. Provide a safe, private place to talk – make sure that the disclosure takes place in a private place. A public location, such as a hallway or classroom with other students present, is not a good location for a disclosure. There is no way to protect a child's privacy in a public place.
4. Let the child know they are not alone – it is important to let the child know that they are not bad nor deserving of the victimisation, and that many children are sexually abused.
5. Do not make promises you cannot keep – for many recipients, the first reaction to finding out that a child is being harmed, is to reassure the child that they will be safe from that harm. Unfortunately, most parents/caregivers do not have the ability to remove an alleged offender from her/his home or to absolutely ensure the child's safety. More importantly, since the recipient has no control over how the parent/caregiver will respond to a report of suspected abuse, it is important not to make promises which are not within the recipient's ability to keep.
6. Don't judge the offender or the offence – especially in cases where the child knows the perpetrator, which is most often the case, as the child may be experiencing confusing feelings

toward the perpetrator. The child victim may like or love the person but not like what the person is doing to them. If the recipient starts to put down the offender, the child may feel concern for the perpetrator and begin to defend them. Once a child starts to defend the offender, they will often recant (take back) the original disclosure and not tell if the abuse happens again.

7. Report immediately – to a formal authoritative body (for example, child protection services or the police).

8. Let the child know what's going to happen - give the child as much information as you can about what will happen after the disclosure. The recipient will need to tell the child that they have to tell another person about the abuse (child protection services and/or the police). Many children will have questions about whether they will have to go to court or to foster care or whether their offender will go to jail. The recipient may not be able to answer these questions. The recipient should be honest and tell the child when they do not know the answer.

9. Do not investigate the child's allegations – the investigating must be left to the professionals.

10. Get support for yourself – receiving a disclosure of rape can be emotionally draining. It is of importance that the recipient obtains support for themselves in order to process their emotional reaction to the child's rape.

The London Family Court Clinic (1995) recommends that the focus for the future lies in community awareness and the collective responsibility for the prevention of sexual abuse of children. Much of the responsibility of prevention programmes is placed on the child, to protect him/herself from potential victimisation. Moreover, the first step of disclosure relies principally upon children to self-identify as victims, thereby starting the disclosure process. The London Family Court Clinic (1995) further recommends that if society at large is better informed about the dynamics of sexual victimisation and disclosure, parents/caregivers, professionals working with children, and policy-makers will be better able to take the responsibility off little shoulders.

5.7 Limitations of the study

The present study provides a deeper understanding of disclosure as experienced by child rape victims, and has highlighted important variables that play a role in the disclosure process, and the numerous factors that serve to facilitate and hinder disclosure. However, despite the

contributions of the present study, given the small sample size, and the fact that the sample was drawn from a single clinical site, generalisability of the findings is likely to be limited. It may be important that future studies draw their sample from a variety of agencies specialising in services for sexually victimised children from different areas to obtain a more culturally diverse population (in terms of race, ethnicity and religious affiliation) that is better representative of South African society.

However, despite the limitations the present study provides many important insights to children's lived experience of disclosure, and it is hoped that this research will affect children positively through its impact on thinking, policy and practice.

REFERENCES

Airhihenbuwa, C. O., & Obregon, R. (2000). A critical assessment of theories/models used in health communication for HIV/AIDS. *Journal of Health Communication, 5*(1), 5-15.

Akal, M. J. (2005). *Non-supportive disclosure in child sexual abuse*. Unpublished master's thesis, University of KwaZulu-Natal, KwaZulu-Natal.

Alaggia, R. (2001). Cultural and religious influences in maternal response to intrafamilial child sexual abuse: Charting new territory for research and treatment. *Journal of Child Sexual Abuse, 10*(2), 41-59.

Alaggia, R. (2004). Many ways of telling: expanding conceptualisations of child sexual abuse disclosure. *Child Abuse & Neglect, 28*(1), 1213-1227.

Arata, C. M. (1998). To tell or not to tell: current functioning of child sexual abuse survivors who disclosed their victimisation. *Child Maltreatment, 3*(1), 63-71.

Bagley, C., & Ramsey, R. (1986). Sexual abuse in children: Psychosocial outcomes and implications for social work practice. *Journal of Social Work and Human Sexuality, 4*(1), 33-47.

Berk, L. E. (1998). *Development through the lifespan*. Boston: Allyn & Bacon.

Berliner, L., & Conte, J. R. (1995). The effects of disclosure and intervention on sexually abused children. *Child Abuse & Neglect, 19*(3), 371-384.

Bolen, R. M. (2002). Guardian support of sexually abused children: A review and study of its predictors. *Trauma, Violence, and Abuse, 3*(1), 40-67.

Bolen, R. M., & Lamb, J. L. (2004). Ambivalence of non-offending guardians after child sexual abuse disclosure. *Journal of Interpersonal Violence, 19*(2), 185-211.

Bona, K. O. (1996). *Factors surrounding and influencing the primary disclosure in child sexual abuse*. Unpublished doctoral dissertation, University of Yale, New Haven.

Bradley, A. R., & Wood, J. M. (1996). How do children tell? The disclosure process in child sexual abuse. *Child Abuse & Neglect*, 20(1), 881-891.

Burton, S.M. (2005). The experiences and perceptions of the maternal caregivers of children affected by extrafamilial child sexual abuse. Unpublished master's thesis, University of KwaZulu-Natal, KwaZulu-Natal.

Bussey, K., & Grimbeek, E. J. (1995). Disclosure processes: issues for child sexual abuse victims. In K. J. Rotenberg (Ed.), *Disclosure processes in children and adolescents*. New York: Cambridge University Press.

Bybee, D., & Mowbray, C. T. (1993). An analysis of allegations of sexual abuse in a multi-victim day care centre case. *Child Abuse & Neglect*, 17(1), 767-783.

Campbell, C., & McPhail, C. (2003). "Condoms are good, but I hate those things." In C. Campbell (Ed.), *Letting them die: Why HIV/AIDS prevention programmes fail*. Indianapolis: Indiana University Press.

Childline. (September, 2007). The Children's Bill.

Retrieved: 24 November 2007

<http://www.childlinesa.org.za/SexualOffences.htm>

Childline. (September, 2007). The Sexual Offences Bill.

Retrieved: 24 November 2007

<http://www.childlinesa.org.za/SexualOffences.htm>

CIET Africa. (1998). *Prevention of sexual violence. A social audit of the role of the police in the jurisdiction of the Johannesburg southern metropolitan local council.* Johannesburg, CIET Africa.

Collings, S. J. (1995). The Long-Term Effects of Contact and Non-Contact Forms of Child Sexual Abuse in a Sample of University Men. *Child Abuse & Neglect, 19*(1), 1-6.

Collings, S. J., Griffiths, S., & Kumalo., M. (2005). Patterns of disclosure in child sexual abuse. *South African Journal of Psychology, 35*(2), 270-285.

Collings, S., & Wiles, W. A. (2004). Child Rape in KwaZulu-Natal, South Africa: Of substantiated cases. *Acta Criminologica, 17*(3), 8-54.

DeMarni Cromer, L., & Freyd, J. J. (2007). What influences believing child sexual abuse disclosures? The roles of depicted memory, persistence, participant gender, trauma history and sexism. *Psychology of Women Quarterly, 31*(1), 13-22.

Department of Health. (1998). *Demographic and health survey: Final report.* Pretoria: Department of Health.

DeVoe, E. R., & Faller, K. C. (1999). The characteristics of disclosure among children who may have been sexually abused. *Child Maltreatment, 4*(1), 217-227.

deYoung, M. (1994). Immediate maternal reactions to the disclosure of the discovery of incest. *Journal Of Family Violence, 9*(1), 21-33.

Distel, N. E. (1999). Disclosure of childhood sexual abuse: Links to emotion expression and adult attachment. *Dissertation Abstracts: Section B: The Sciences and Engineering, 60* (6-B): 2938.

Faller, K. C. (1989). Characteristics of a clinical sample of sexually abused children: how boy and girl victims differ. *Child Abuse & Neglect*, 13(1), 281-291.

Faller, K. C. (2004, September). *Disclosure in cases of sexual abuse: research findings and practical implementations*. Paper presented at the Fifteenth Congress of the International Society for the Prevention of Child Abuse and Neglect, Brisbane, Australia.

Fieldman, J. P., & Crespi, T. D. (2002). Child sexual abuse: offenders, disclosure, and school-based initiatives. *Adolescence*, 37(145), 151-160.

Finkelhor, D. (1979). *Sexually victimised children*. New York: Free Press.

Finkelhor, D., Hotaling, G., Lewis, J., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women. *Child Abuse & Neglect*, 14(1), 19-28.

Finkelhor, D., Wolak, J., & Berliner, L. (2001). Police reporting and professional help seeking for child crime victims: A review. *Child Maltreatment*, 6(1), 17-30.

Gallagher, C. (2005, December 24). Bill puts clamp on virginity testing. *The Star*, p. 1.

Gomes-Schwartz, B., Horowitz, J. M., & Cardarelli, A. P. (1990). *Child sexual abuse: The initial effects*. Newbury Park, CA: Sage.

Gonzalez, L. S., Waterman, J., Kelly, R. J., McCord, J., & Oliveri, M. K. (1993). Children's patterns of disclosures and recantations of sexual and ritualistic abuse allegations in psychotherapy. *Child Abuse & Neglect*, 17(1), 281-289.

Goodman-Brown, T. B., Edelstein, R. S., Goodman, G. S., Jones, D. P. H., & Gordon, D. S. (2003). Why children tell: A model of children's disclosure of sexual abuse. *Child Abuse & Neglect*, 27(1), 525-540.

Greene, S., & Hill, M. (2005). Researching Children's Experience: Methods and Methodological Issues. In S. Greene & D. Hogan (Eds.), *Researching children's experience: approaches and methods*. London: Sage Publications.

Greene, S., & Hogan, D. (Eds.). (2005). *Researching children's experience: Approaches and methods*. London: Sage Publications.

Gries, L. T., Goh, D. S., & Cavanaugh, J. (1996). Factors associated with disclosure during child sexual abuse assessment. *Journal of Child Sexual Abuse*, 5(1), 1-20.

Guma, M., & Henda, N. (2004). The socio-cultural context of child abuse: A betrayal of trust. In L. Richter, A. Dawes, & C. Higson-Smith (Eds.), *Sexual abuse of young children in Southern Africa* (110-129). Cape Town: HSRC Press.

Hanson, R. F., Resnick, H. S., Saunders, B. E., Kilpatrick, D. G., & Best, C. L. (1999). Factors related to the reporting of child rape. *Child Abuse & Neglect*, 23(6), 559-569.

Harrison, E. (2005). Disclosing the details of child sexual abuse: Can imaginative literature help ease the suffering. *Journal of Child & Adolescent Psychiatric Nursing*, 18(3), 127-134.

Hayes, N. (2000). *Doing psychological research*. Buckingham: Open University Press.

Henry, J. (1997). System intervention in trauma to child sexual abuse following disclosure. *Journal of Interpersonal Violence*, 12(4), 499-512.

Herman, J. L. (2001). *Trauma and Recovery: From Domestic Abuse to Political Terror*. London: Basic Books.

Hershkowitz, I., Lanes, O., & Lamb, M. E. (2007). Exploring the disclosure of child sexual abuse with alleged victims and their parents. *Child Abuse & Neglect*, 31(1), 111-123.

Higson-Smith, C., & Lamprecht, L. (2004). Access to specialist services and the criminal justice system: Data from the teddy bear clinic. In L. Richter, A. Dawes, & C. Higson-Smith (Eds.), *Sexual abuse of young children in Southern Africa* (110-129). Cape Town: HSRC Press.

Hunter, J. A., Goodwin, D. W., & Wilson, R. J. (1992). Attributions of blame in child sexual abuse victims: An analysis of age and gender influences. *Journal of Child Sexual Abuse, 1*(1), 75-89.

Janoff-Bulman, R., & Frieze, I.H. (1983). A theoretical perspective for understanding reactions to victimisation. *Journal of Social Issues, 39*(2), 1-17.

Jensen, T. K., Gulbrandsen, W., Mossige, S., Reichelt, S., & Tjersland, O. A. (2005). Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure. *Child Abuse & Neglect, 29*(1), 1395-1413.

Jewkes, R. & Abrahams, N. (2002). The epidemiology of rape and sexual coercion in South Africa: An overview. *Social Science and Medicine, 55*(1), 1231-1244.

Johnson, R., & Shrier, D. (1985). Sexual Victimization of Boys: Experience at an Adolescent Medicine Clinic. *Journal of Adolescent Medicine, 6*(5), 372-376.

Jones, D. P. H. (2000). Editorial: Disclosure of child sexual abuse. *Child Abuse & Neglect, 24*(2), 269-271.

Keary, K., & Fitzpatrick, C. (1994). Children's disclosure of sexual abuse during formal investigation. *Child Abuse & Neglect, 18*(1), 543-548.

Kellog, N. D., & Hoffman, R. L. (1995). Unwanted sexual experiences in adolescents: Patterns of disclosure. *Clinical Paediatrics, 34*(1), 306-312.

Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113(2), 164-180.

Khan, N. R. (2005). Social class and its impact on maternal awareness of child sexual abuse in Pakistan. Unpublished manuscript, Department of Anthropology, Haverford College.

Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Thousand Oaks: Sage.

Lamb, S., & Edgar-Smith, S. (1994). Aspects of disclosure: Mediators of outcome of childhood sexual abuse. *Journal of Interpersonal Violence*, 9(1), 307-326.

Langan, P., & Harlow, C. W. (1994). "Child Rape Victims, 1992," *Crime Data Brief*. (Available from the United States Department of Justice, Office of Justice Programs, Bureau of Justice Statistics).

Larson, J. V., Chapman, J. A., & Armstrong, A. (1998). Child sexual abuse in KwaZulu- Natal, South Africa. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 92(1), 262-264.

Lawson, L., & Chaffin, M. (1992). False negatives in sexual abuse disclosure interviews: Incidence and influences of caretaker's belief in abuse in cases of accidental abuse discovery by diagnosis of std. *Journal of Interpersonal Violence*, 7(1), 532-542.

LeClerc-Mdlala, S. (2001). Virginity testing: Managing sexuality in a maturing HIV/AIDS epidemic. *Medical Anthropology Quarterly*, 15(4), 533-542.

Lewis, S. (1997). *Theoretical and therapeutic aspects of extrafamilial child rape in the South African context: A preliminary exploration*. Gauteng: Centre for the Study of Violence and Reconciliation.

Ligezinska, M., Firestone, P., Manion, I.G., McIntyre, J., Ensom, R., & Wells, G. (1996). Children's emotional and behavioural reactions following the disclosure of extrafamilial sexual abuse: Initial effects. *Child Abuse & Neglect*, 20(2), 111-125.

Loffell, J. (2004). Policy responses to child sexual abuse in South Africa. In L. Richter, A. Dawes, & C. Higson-Smith (Eds.), *Sexual abuse of young children in Southern Africa* (110-129). Cape Town: HSRC Press.

London Family Court Clinic. (1995, March 7). *Tipping the balance to tell the secret: The public discovery of child sexual abuse*. Family Violence Prevention Division of Health Canada (Project #4887-05-92-017).

London, K., Bruck, M., Ceci, S. J., Shuman, D. W. (2005). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, & the Law*, 11(1), 194-226.

Lovett, B. B. (2004). Child sexual abuse disclosure: Maternal response and other variables impacting on the victim. *Child & Adolescence Social Work Journal*, 21(4), 355-372.

Lyon, T. (2002). Scientific support for expert testimony on child sexual abuse accommodation. In J. Conte (Ed.), *Critical issues in child sexual abuse* (pp. 107-138). Thousand Oaks, CA: Sage Publications.

Mandela, N. R. (1996, August 27). Message to the World Congress Against Sexual Exploitation of Children. Stockholm: Sweden.

Martin, L. (1999). Violence against women: An analysis of the epidemiology and patterns of injury in rape homicide in Cape Town and rape in Johannesburg. Unpublished M. Med. Forensic Pathology Thesis, University of Cape Town, Cape Town.

McCann, L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3(1), 131-149.

McNulty, C., & Wardle, J. (1993). Adult disclosure of sexual abuse: A primary cause of psychological investigation. *Child Abuse & Neglect*, 1(4), 549-554.

Mudaly, N., & Goddard, C. (2006). The truth is longer than the lie: Children's experiences of abuse and professional interventions. London: Jessica Kingsley Publishers.

Mutimbe, W. (1999). Child abuse rampant in Southern Africa. In *Southern African News Features*. Harare: SARDC Services.

Nelson-Gardell, D. (2001). The voices of victims: Surviving child sexual abuse. *Child and Adolescent Social Work Journal*, 18(6), 401-416.

Okamura, A., Heras, P., & Wong-Kerberg, L. (1995). Asian, Pacific Island, and Filipino Americans and sexual child abuse. In L. A. Fontes (Ed.), *Sexual abuse in nine North American cultures: Treatment and prevention*. Thousand Oaks, CA: Sage.

Paine, M. L., & Hansen, D. J. (2002). Factors influencing children to self-disclose sexual abuse. *Clinical Psychology Review*, 22(1), 271-295.

Palmer, S. E., Brown, R., Rae-Grant, N., & Loughlin, M. J. (1999). Responding to children's disclosures of familial violence: What survivors tell us. *Child Welfare*, 78(2), 259-282.

Pennebaker, J. W. (1997). *Opening up*. New York: Guilford.

Petersen, I., Bhana, A., & McKay, M. (2005). Sexual violence and youth in South Africa: The need for community-based prevention interventions. *Child Abuse & Neglect*, 29(1), 1233-1248.

Petronio, S., Flores, L. A., & Hect, M. L. (1997). Locating the voice of logic: Disclosure discourse of sexual abuse. *Western Journal of Applied Communications Research*, 24(1), 101-113.

Regehr, C. (1990). Parental responses to extrafamilial child sexual assault. *Child Abuse & Neglect*, 14(1), 113-120.

Richter, L., Dawes, A., & Higson-Smith, C. (2004). *Sexual abuse of young children in South Africa*. Cape Town: HSRC Press.

Rieser, M. (1991). Recantation in child sexual abuse cases. *Child Welfare*, 1(2), 612-613.

Roberts, J., & Taylor, C. (1993). *Child abuse and child abusers: Protection and prevention*. London: Jessica Kingsley Publishers.

Roesler, T. A. (1994). Reactions to disclosure of childhood sexual abuse. *The Journal of Nervous & Mental Disease*, 182(11), 618-623.

Roesler, T. A., & Wind, T. W. (1994). Telling the secret: Adult women describe their disclosures of incest. *Journal of Interpersonal Violence*, 9(1), 327-338.

Rotenberg, K. J. (Ed.). (1995). *Disclosure processes in children and adolescents*. New York: Cambridge University Press.

Russel, D. E. H. (1986). *Incest in the lives of girls and women*. New York: Basic Books.

Russel, D. E. H., & Bolen, R. (2000). *The epidemic of rape and child sexual abuse in the United States*. Thousand Oaks, CA: Sage Publications.

Sandler, H.S., & Sepel, N.L. (1990). Violence against children: Sexual abuse. In B. Mckendrick & W. Hoffmann (Eds.), *People and violence in South Africa*. Cape Town: Oxford University Press.

Sas, L. (1993). *Three years after the verdict*. London: London Family Court Clinic Inc.

Sas, L., & Cunningham, A. (1995). *Tipping the balance to tell the secret: The public discovery of child sexual abuse*. London: London Family Court Clinic Inc.

Sauzier, M. (1989). Disclosure of child sexual abuse: For better or worse. *Psychiatric Clinics of North America*, 12(1), 455-469.

Saywitz, K. J., Goodman, G. S., Nicholas, E., & Moan, S. F. (1991). Children's memories of physical examination involving genital touch: Implications for reports of child sexual abuse. *Journal of Consulting and Clinical Psychology*, 59(1), 682-691.

Sgroi, S. (1982). *Handbook of clinical intervention in child sexual abuse*. Lexington Books: London.

Sjoeberg, R. L., & Lindbald, F. (2002). Delayed disclosure and disrupted communication during forensic investigation of child sexual abuse: A study of 47 corroborated cases. *Acta Paediatrica*, 91(1), 1391-1396.

Smith, D. W., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. J., Resnick, H. S., & Best, C. L. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect*, 24(2), 273-287.

Sorenson, T., & Snow, B. (1991). How children tell: The process of disclosure in child sexual abuse. *Child Welfare*, 70(1), 3-15.

South African Police Services. (1999). "Semester Report1/1999: International crime ratios according to the 1996 Interpol Report."

Retrieved: 12 October 2006

Accessed: (<http://www.saps.org.za>)

Staller, K. M. & Nelson-Gardell, D. (2005). "A burden in your heart": Lessons of disclosure from female preadolescent and adolescent survivors of sexual abuse. *Child Abuse & Neglect*, 29(1), 1415-1432.

Stewart, D. W., & Shamdasani, P. N. (1990). *Focus groups: Theory and practice*. London: Sage Publications.

Summit, R. C. (1983). The child sexual abuse accommodation syndrome. *Child Abuse & Neglect*, 7(1), 177-192.

Terre Blanche, M., & Durrheim, K. (Eds.). *Research in practice: Applied methods for the social sciences*. Cape Town: University of Cape Town Press.

Ullman, S. E. (2003). Social reactions to child sexual abuse disclosures: A critical review. *Journal of Child Sexual Abuse*, 12(1), 89-121.

Ussher, J. M., & Dewberry, C. (1995). The nature and long-term effects of child sexual abuse: A survey of women survivors in Britain. *British Journal of Clinical Psychology*, 34(1), 177-192.

Valente, S. M. (2005). Sexual abuse of boys. *Journal of Child and Adolescent Psychiatric Nursing*, 18(1), 10-16.

van As, A. B., Withers, M., du Toit, N., Millar, A. J. W., & Rode, H. (2001). Child rape: Patterns of injury, management, and outcome. *South African Medical Journal*, 91(12), 1035-1038.

Violato, C., & Genius, M. (1993). Problems of research in male child sexual abuse: A review. *Journal of Child Sexual Abuse*, 2(3), 33–54.

Vogelman, L. & Eagle, G. (1991). Overcoming endemic violence against women. *Social Justice*, 18(2), 209-229.

Warner, J. E., & Hansen, D. J. (1997). Identification and reporting of child abuse by medical professionals: A critical review. *Child Abuse & Neglect*, 18(1), 11–25.

Wasserman, E. B. (1991). Dealing with disclosure of child sexual abuse. Paper Presented at the Meeting of the Children's Justice Act, Indian Country.

Watkins, B., & Bentovim, A. (1992). The sexual abuse of male children and adolescents: A review of current research. *Journal of Child Psychology and Psychiatry*, 33(1), 197–248.

Wattam, C. (1989). Investigating child sexual abuse – A question of relevance? In J. Hughes & H. Blagg (Eds.), *Child sexual abuse: Listening, hearing and validating the experiences of children*. Wiltshire: Dotesios Printers Ltd.

World Health Organisation. (1999, April 8). *WHO recognises child abuse as a major public health problem*. Geneva: WHO Press Release.

APPENDICES

APPENDIX A

ENGLISH CONSENT FORM

THE EXPERIENCES OF SEXUALLY ABUSED CHILDREN AND THEIR CARE TAKERS IN THE AFTERMATH OF REPORTING

Aim of the research: This research is being conducted by the School of Psychology at the University of KwaZulu-Natal, Durban, and is designed to understand the experiences of sexually abused children and their caretakers in the aftermath of reporting

Project members: Steven Collings (Professor), Kerry Frizelle (Ph.D. candidate), Thandekile Magojo (Senior Researcher), Lindelani Itabor (Field Worker), Mbali Mthembu (Field Worker).

Contact details: Telephone: 031 260 2414. Monday to Friday 9am to 4pm. If you would like to contact an independent person who is not part of the project you can speak to Jackie Branfield at the Bobby Bear Foundation: Telephone: 031 9042237.

1. The aims of the research have been explained to me, and I have been given the chance to answer any questions I have about the study and its goals, about the researcher, and about what will be done with the findings. I understand that I don't have to participate in the research if I don't want to.
2. I understand that the interview will be tape recorded, and that it will be transcribed and translated at some later stage at the University of KwaZulu-Natal. No one will have access to the tape recording apart from members of the research team.
3. I understand that any information I provide will be treated in confidence. In any discussions, reports or papers resulting from the study no reference will be made to my name or my address, and no information will be included which could be used to identify me.
4. If I choose not to answer any of the questions asked by the interviewer, I am free to do so.
5. If at any stage of the interview I decide that I do not want to participate any longer, then I am free to do so, and the interview will be terminated.
6. I understand that I will be paid R75.00 for my time in choose to participate in the study.
7. I freely agree for myself and my child to be interviewed, on the conditions laid out above. No one has put any pressure on me to participate.

Signed:

Name:

Date:

In cases where the interviewee is not able to read:

I declare that I have read this form to the informant, at a slow speed. I have stopped at the end of each of the 7 points to ask them (i) if they have understood what I have said, and (ii) to encourage them to ask any questions that they have about each of the 7 points

Fieldworker signature:

Name:

Date:

APPENDIX B

IZIZULU-CONSENT FORM IFOMU LEMVUME

ULWAZI LOKUHLUKUNYEZWA KWABANTWANA KANYE NABABHEKI BABO EMVA A KOKUBIKWA KWEZIGIGABA ZAKO

Inhloso yocwaningo: Lolucwaningo lwenziwa uphiko lomnyango wezokuhlolwa kwengqondo eNyuvesi yakwa Zulu Natali e Thekwini, futhi luhlelwe ukuqondisisa ulwazi lokuhlukunyezwa kwabantwana ngokocansi kanye nababheki emva kokubikwa kwezigigaba zako.

Amalunga asocwaningweni: Steven Collings (Usolwazi), Kerry Frizelle (Of un del a ubuchwepheshe), Thandekile Magojo (Umcwaningi Osizingeni eliphezulu), Lindelani Itabor (umqoqi wolwazi), Mbali Mthembu (umqoqi wolwazi).

Izindlela zokuxhumana nabo: Inombolo yocingo: 031 2602414, Kusukela ngoMsombuluko kuzekube ngoLwesihlanu kusukela ngo 8 ekuseni kuya ku 4 ntambama. Uma uthanda ukuxhumana nomuntu ozimele ongahlangene nalolucwaningo ungakhuluma no Jackie Branfield kwa Bobby Bear Foundation: Kulenombolo: 031 9042237.

1. Ngichazelwe ngenhloso yalolucwaningo, futhi nginikiwe ithuba lokuphendula nomayimiphi imibuzo enginayo ngenhloso yalolucwaningo, umcwaningi nokuthi futhi kuzokwenziwani ngemiphumela yalolucwaningo.
2. Ngियाqonda ukuthi ngizokhokhelwa u R75.00 ngokubamba iqhaza kulolucwaningo.
3. Ngियाqonda ukuthi ukuthi izingxoxo zizoqoshwa ngesiqophamazwi, nanokuthi zizobe sezikhishelwa ephepheni zibhalwe ngolimi abazoliqonda abacwaningi e Nyuvesi yakwa Zulu Natali. Amukho umuntu ozoba negunya lokulalela nokusebenzisa lolulwazi ngaphandle kwababambe iqhaza kulolucwaningo.
4. Ngियाqonda ukuthi ulwazi engizolunikeza luzophathwa ngendlela eyimfihlo. Kunanoma yiziphi izingxoxo nemibiko noma imibhalo yamaphepha ezokwenziwa njengemiphumela yocwaningo akuzovezwa igama lami noma ikheli lami, noma ulwazi engizolunikeza alizoveza igama lami.
5. Uma ngikhetha ukungaphenduli eminye yemibuzo ezobuzwa ngababuzi bemibuzo, nginalo ilungelo lokukwenza loko
6. Uma kwenzeka ngokuqhubeka kokubuzwa kwemibuzo nginquma ukuyeka ukubamba iqhaza ekuphenduleni imibuzo, nginelungelo lokukwenza loko futhi kuyobe sekuyama ukubuzwa kwemibuzo.
7. Ngizenzele isinqumo ngokukhululeka sokubamba iqhaza ekubuzweni imibuzo ngokwezimiso ezingenhla. Amukho umuntu ongiphoke ukuba ngibambe iqhaza .

.Isayinwe ngu: _____ Igama: _____ Usuku:

Ezimweni lapho obuzwa imibuzo engakwazi ukufunda nokubhala:

Ngiyavuma/ngiyaziphophezela ukuthi ngimfundele lona obambe iqhaza imibandela ekulelifomu ngendlela ecacile ngingasheshisi ukufunda. Ngifunde ngagcina ekugcineni kwemibandela yosikhombisa ukubabuzwa ukuthi (i) bayakuqonda engikufundile, nokuthi (ii) ngibakhuthaze ekubuzeni imibuzo abanayo ngalemibandela yosikhombiza.

Ukusayina kobuzwa imibuzo: _____ Igama: _____ Usuku: