

**CONTRIBUTING FACTORS TO INAPPROPRIATE
SEXUAL BEHAVIOURS IN CHILDREN UNDER THE
AGE OF FOURTEEN: VIEWS OF SOCIAL WORKERS**

by

SIMONE LAURETTE OBERHOLZER

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SUPERVISOR: DR M STRYDOM

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DECLARATION

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Dedicated to the ones who keep the kettle on –

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“Every single person out there is a mosaic of everyone they’ve ever met. I think it’s a beautiful idea that if you could look closer into each and every single person you could see every other person they’ve been influenced with in their life. For the good, the bad, the ugly and all of it in between.”

– Sebastien R Teller

To **God** for sitting with me in the silence when I thought I could not do it. To my dad, **Shane Oberholzer**, for having my back and giving me the support to do it. To my mom, **Liesel Oberholzer**, for reminding me I could do it. To **Dr Strydom** for not laughing when I attempted to do it and then showing me how to do it- a woman of formidable force and one who inspires. To **Tristan Robinson** for always believing I would do it- to many more dreams, both yours and mine, coming true. To **Noldé Oberholzer** for praying for me while I did it. To **Stellenbosch University** for giving me the opportunity to do it. To **Jana Walters** for editing my thesis and redoing it. To Mrs Williams and her smile on days when I did not want to do it. To the **social workers** for reminding me why we do it. To **my friends** for not always knowing what I was doing, but nevertheless said I would do it. To **Oumie** for not leaving this earth before I could do it. To **my siblings**, especially my brothers, who now feel pressure to do it. For the **version of myself** I was a couple of years ago who doubted she would do it, consider this to be the first of many times you were wrong.

For everyone who makes up my mosaic –

ABSTRACT

Inappropriate sexual behaviour (ISB) of children is a global pandemic which has only recently come under the spotlight. Unfortunately, statistics for ISB of children are poorly documented – not only in South Africa, but worldwide. Although ISB is the result of many contributing factors, it is most often related to issues, such as a lack of supervision, being placed in alternative care, being exposed to trauma and abuse, being exposed to child sexual abuse materials, and a lack of policy and legislation to guide intervention services. However, literature on the factors contributing to children under the age of fourteen who display ISB is scant and there are no studies that found or identified contributing factors to such behaviour within a South African context. Moreover, no priority or urgency is given to the phenomenon of ISB in children in policies or legislation in South Africa, as is clear from the lack of reference to ISB in existing policies and legislation.

To identify possible contributing factors to ISB, Bronfenbrenner's ecological perspective was used as the theoretical point of departure. The research question for the study was: What are the views of social workers on the contributing factors to the display of inappropriate sexual behaviours in children under the age of fourteen? The goal of the research study, namely to develop an understanding of the view of social workers about the contributing factors to children under the age of fourteen displaying ISB, was achieved. This made it possible to formulate appropriate recommendations in line with social services as well as current policies and pieces of legislation relating to service rendering to children under the age of fourteen who display ISB.

The literature study aims to describe the existing policy and legislation that guide service rendering to children displaying ISB within international and South African contexts. The study furthermore discusses existing literature from an ecological perspective on factors contributing to ISB in children under the age of fourteen.

For the empirical investigation, a qualitative research methodology was used to involve social workers rendering services to children under the age of fourteen who display ISB. The study was based on both the explorative and the descriptive research design. For the aim of this study, the researcher used snowball sampling. Eighteen social

workers who met the inclusion criteria of the research study were chosen according to their willingness to participate. A semi-structured interview schedule was used for data collection during the empirical investigation and a pilot study was conducted with two participants to test the measuring instrument.

The study found that social workers should be educated about the factors contributing to ISB in children under the age of fourteen to be able to effectively identify, assess, intervene and prevent ISB in children. It was furthermore found that educators should also be knowledgeable about ISB. The study highlighted that social workers find it difficult to apply existing policy and legislation into direct service rendering firstly because they must adapt policy and legislation and secondly because they are unsure how to apply such policy and legislation to children displaying ISB. To rectify this, it is suggested that a protocol be developed for the South African context enabling professionals to act in a uniform way when rendering services to this target group. Staff and caregivers in child and youth care centres (CYCC) should be educated about the potential factors contributing to the display of ISB, as this study identified a lack of supervision in children's homes as one of the contributing factors to ISB in children. It was also found that social workers predominantly render statutory services instead of prevention services as indicated in the ISDM of 2006. With the majority of social services rendered on the statutory level, there is a need for social workers to focus on reintegration services in order to fulfil the directives in policy documents of keeping the child within the family. Finally the study found that, to prevent ISB, services and education programmes should be delivered to communities and families about factors contributing to ISB and how to report cases of ISB.

OPSOMMING

Ontoepaslike seksuele gedrag (OSG) onder kinders is 'n wêreldwye pandemie wat eers onlangs onder die soeklig geplaas is. Ongelukkig is daar min statistieke beskikbaar oor OSG onder kinders – nie net in Suid-Afrika nie, maar ook internasionaal. Alhoewel OSG die gevolg is van 'n verskeidenheid bydraende faktore, hou dit meestal verband met kwessies soos 'n tekort aan toesig, die plasing van 'n kind in alternatiewe sorg, blootstelling aan trauma, mishandeling, of seksuele kindermishandeling-materiaal, en 'n tekort aan beleid en wetgewing wat as riglyne in die lewering van intervensiedienste aangewend kan word. Literatuur oor die faktore wat tot OSG onder kinders jonger as veertien lei is skaars. So ook is geen bestaande studies oor faktore wat aanleiding gee tot OSG onder kinders jongers as veertien, binne die Suid-Afrikaanse konteks gevind of geïdentifiseer nie. Boonop word geen prioriteit of dringende aandag aan Suid-Afrikaanse beleide of wetgewing geskenk oor die verskynsel van OSG onder kinders nie, soos die tekort aan verwysings na OSG in bestaande beleid en wetgewing aandui.

Om enige moontlike bydraende faktore tot OSG te identifiseer is Bronfenbrenner se ekologiese perspektief as teoretiese vertrekpunt gebruik. Die navorsingsvraag vir die studie was: Wat is die siening van maatskaplike werkers ten opsigte van die faktore wat tot OSG onder kinders jonger as veertien bydra? Die doel van die navorsingstudie, naamlik om die siening van maatskaplike werkers ten opsigte van die bydraende faktore tot OSG onder kinders jonger as veertien te verstaan, is bereik. Dus was dit moontlik om toepaslike aanbevelings te maak met betrekking tot dienslewering asook bestaande beleid en wetgewing wat verband hou met maatskaplike dienslewering aan kinders jonger as veertien wat OSG toon.

Die literatuurstudie poog om die bestaande beleid- en wetgewingriglyne vir dienslewering aan kinders wat OSG toon, binne internasionale en Suid-Afrikaanse konteks te bespreek. Voorts word bestaande literatuur ten opsigte van faktore wat tot OSG onder kinders jonger as veertien bydra, vanuit 'n ekologiese benadering bespreek.

Vir die empiriese ondersoek is 'n kwalitatiewe navorsingsmetodologie gebruik om maatskaplike werkers wat diens lewer aan kinders jonger as veertien wat OSG toon, te betrek. Die studie is op beide 'n eksploratiewe en beskrywende navorsingsontwerp gegrond. Vir die doel van die studie het die navorser die sneeubalsteekproefmetode toegepas. Agtien maatskaplike werkers wat aan die insluitingskriteria van die navorsingstudie voldoen het en wat bereid was om aan die studie deel te neem, is gekies. 'n Semi-gestruktureerde onderhoudskedule is gebruik om data met die empiriese ondersoek in te samel en 'n loodstudie is gedoen met twee deelnemers om die meetinstrument te toets.

Die studie het bevind dat maatskaplike werkers meer opleiding moet ontvang en opvoeders meer kennis moet opdoen oor die faktore wat tot OSG onder kinders jonger as veertien lei, ten einde OSG suksesvol te identifiseer, assesseer, in te gryp, en te voorkom. Die studie het aangedui dat maatskaplike werkers dit moeilik vind om bestaande beleid en wetgewing met direkte dienslewering toe te pas, eerstens omdat hulle die beleid en wetgewing moet aanpas en tweedens omdat hulle onseker is oor hoe om die beleid en wetgewing op kinders wat OSG toon, toe te pas. Ten einde die situasie reg te stel, word aanbeveel dat 'n protokol vir die Suid-Afrikaanse konteks ontwikkel word wat professionele maatskaplike werkers in staat sal stel om eenvormig op te tree wanneer hulle dienste aan die teikengroep lewer. Aangesien 'n tekort aan toesig in kinderhuise as een van die bydraende faktore tot OSG onder kinders in die studie geïdentifiseer is, word aanbeveel dat personeel en versorgers in kinder- en jeugsorgsentrusse opleiding ontvang oor die moontlike faktore wat tot OSG onder kinders lei. Daar is ook bevind dat maatskaplike werkers oorwegend statutêre dienste lewer, eerder as voorkomende dienste soos die Geïntegreerde Diensleweringmodel (GDLM) van 2006 aanbeveel. Aangesien die meeste maatskaplike werkers statutêre diens lewer is dit dus nodig dat hulle op herintegrasiedienste fokus ten einde gehoor te gee aan die beleidsdokumente wat bepaal dat die kind binne die gesin gehou moet word. Laastens is bevind dat diens- en opleidingsprogramme aan gemeenskappe en gesinne gelewer moet word oor bydraende faktore vir OSG onder kinders jonger as veertien, asook hoe om gevalle van OSG aan te meld, ten einde OSG onder kinders te voorkom.

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ABBREVIATIONS

ACRWC:	African Charter on the Rights and Welfare of Children
CPO:	Child Protection Organization
CSA:	Child Sexual Abuse
DSD:	Department of Social Development
FCS:	Family Violence, Child Protection and Sexual Offences Unit
ISB:	Inappropriate Sexual Behaviours
ISDM:	Integrated Service Delivery Model
NGO:	Non-Government Organisations
RSA:	Republic of South Africa
UNCRC:	United Nations' Convention on the Rights of the Child
UNICEF:	United Nations International Children's Emergency Fund
WHO:	World Health Organisation

CHAPTER ONE:

INTRODUCTION

1. RATIONALE TO THE STUDY

Since the introduction of the United Nations Convention on the Rights of the Child (UNCRC) (United Nations Convention of the Rights of the Child, 1989) there has been an expansion in the recognised settings in which children are sexually abused, this has led to challenges in identifying, responding to, and preventing abuse. Institutional settings which were previously seen as safe spaces, are now described as places that could place children at risk, while new settings for abuse stemming from technological advances, add to places at risk (Simon, Luetzow & Conte, 2020). With the development of new contexts in which sexual abuse can take place, there has been a shift where not only adults are seen as perpetrators of child sexual abuse, but also children. This has given rise to the need for research into the factors that could contribute to a child sexually abusing another child, or as it is now referred to, as children who display inappropriate sexual behaviours (ISB). Many anecdotal commentaries from service providers have emphasised an influx of reports of children who display inappropriate sexual behaviours. Many even indicated that children who display ISB had similar experiences in the communities they come from, in their families, or due to their own experience of becoming sexualised (Mmari, Kalamar, Brahmbhatt & Venables, 2016).

The view that children's sexual behaviour is a product of many factors, has over time been supported in international literature. Lynch, Kaplan and Salonen in 1997 focused on sociocultural factors, such as family circumstances, poverty, and low economic status to serve as predictors of sexual behaviours which Chaffin, Bonner and Hill supported in their research conducted in 2001. Friedrich, Davies, Feher and Wright (2003) found that ISB is consistently linked with early, age-inappropriate exposure to sexual knowledge or behaviour. Other studies examined the backgrounds of children and found that those who sexually offend have experienced poor attachment and had parents who were unavailable (Friedrich, 1993; Herrenkohl, Herrenkohl, Rupert, Egolf

& Lutz, 1995; Johnson & Aoki, 2014; Gilmore, Koo, Nguyen, Granato, Hughes & Kaysen, 2014; Grossi, Lee, Schuler, Ryan & Prentky, 2016).

In South Africa the need for more information on ISB was indicated at a 2019 Inappropriate Sexual Behaviours in Children conference in Cape Town, by 98 professionals who requested more training on this phenomenon (Jelly Beanz, 2019). Likewise, Omar (2010) had already noted in 2010 that the increase in requests for training on ISB in Gauteng were highlighting an increase in the magnitude and awareness of the problem, but also that there was a lack of knowledge about ISB. In South Africa, ISB is also a concern of the Department of Justice, law enforcement and medical professionals as these departments provide different forms of services, including intervention services. More information on the topic of ISB would definitely assist such departments in providing better informed and effective service rendering to clients (Omar, 2010).

Therefore, the need for this research arose out of the realisation that it is necessary to identify the factors that contribute to children, under the age of fourteen, displaying inappropriate sexual behaviours (ISB) within the South African context. Information about the factors that contribute to the display of ISB, would enable professionals to develop services, especially prevention services to manage this phenomenon more adequately. Social workers often render services to children who display ISB, as well as to their families, and thus social workers have knowledge about the factors that contribute to ISB. By gathering the views of social workers on the contributing factors to ISB which may include child-on-child sexual abuse, this research aimed to fill a gap in knowledge within South Africa as no research on contributing factors to ISB in children under the age of fourteen could be found in this country. For the social work profession to respond effectively to children who display ISB, knowledge is required to facilitate the development of appropriate early intervention and preventative programmes.

This study explored and derived what social workers identify as contributing factors to inappropriate sexual behaviours in children under the age of fourteen with whom they intervened. Children under the age of fourteen were the main age group focused on as in terms of South African legislation, children under the age of fourteen are not eligible for criminal prosecution and would therefore be referred for preventative and

early intervention programmes instead of being sent to a correctional facility. This study examined the experiences and understanding of social workers in relation to their work with children who displayed ISB.

(i) Prevalence of inappropriate sexual behaviours

Internationally the prevalence of inappropriate sexual behaviours (ISB) is seen as high and was recently also acknowledged as a growing concern in the South African context. According to Hackett, Holmes and Branigan (2016:12) “inappropriate sexual behaviours are behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult”. The phenomenon of ISB was identified as an international problem in the early 1990s (Mayes, Currie, Macleod, Gillies & Warden, 1992; Finkelhor, 1995). Since so little was known or recorded about ISB some researchers embarked on a more laborious investigation (Hoghughi, Bhate & Graham, 1997) that led them to conclude that, while studies rely on limited samples it was evident that “sexual abuse of children by other children or adolescents constitutes a significant proportion of sexual offending against children” (Thornton, Stevens, Grant, Indermaur, Chamarette & Halse, 2008: 375).

Inappropriate sexual behaviour is a phenomenon which has been described as a global epidemic. However, the extent of this phenomenon in South Africa is unclear (Fouché & Walker-Williams, 2015). The prevalence of ISB is not clear mostly due to unreliable data and a lack of recordkeeping by the state and other institutions in South Africa, causing statistics to be inaccurate and outdated (Artz, Burton, Leoschut, Ward & Lloyd, 2016; Booyens, 2003). However, over a decade ago it was reported that “42% of all sexual assault against children in South Africa are committed by children and youths younger than thirteen years of age” (Booyens, 2003:28). Internationally, an estimate suggests that 30 to 50% of child sexual abuse cases involve other children who display ISB (Jensen, Smid & Bøe, 2020).

There are various reasons for the lack of statistics in South Africa, such as poor infrastructure which hampers data capturing and that there is still a stigma associated with sexual abuse which often prevents children from reporting it. Due to the topic being portrayed as sensitive and with caregivers unwilling to openly discuss ISB and

as there is an inconsistency in reporting, data collection proves to be very difficult. Under-reporting is a phenomenon that is said to contribute to the difficulty in establishing reliable and consistent data about child abuse and neglect in South Africa. The under-reporting of inappropriate sexual behaviours and child-on-child sexual abuse may be due to a number of factors, this would include the victims being afraid and/or ashamed to come forward and cultural practices that prohibit speaking openly about family matters (Art et al., 2016). The caregivers of the victim or perpetrator may also feel ashamed to report any actions or may believe that the problem will resolve itself (American National Child Traumatic Street Network Child Sexual Abuse Committee, 2009). It is however important to remember that in South Africa it is not only the responsibility of the child to report the abuse; there is a legal obligation on every adult to report child abuse as enshrined in section 110(1) of the Children's Act 38 of 2005 (Republic of South Africa, 2005).

Furthermore, in countries where child-protection services are both fragmented and overburdened, such as in South Africa, the statistics are often not updated nor are they reliable (Artz et al., 2016). In a pilot study on sexual violence conducted a decade ago by the Community Information Empowerment and Transparency Projection, 9 300 learners from South African rural and urban schools were questioned about sexual violence. In this study a significant number of learners admitted to raping other children (Magojo & Collins, 2003). The study found that 12 to 20% of boys and 5 to 13% of girls in rural and urban areas acknowledged that they had non-consensual sex with children (Barbera, 2002 in Omar, 2010). The study further concluded that by the age of 18 years many school attending children had been victims of sexual abuse perpetrated by other children.

As mentioned, inappropriate sexual behaviours and child-on-child sexual abuse has been recognised as a significant social problem in South Africa. Almost two decades ago Stout (2003) indicated that one would struggle to establish the extent of child-on-child sexual abuse in South Africa and more than 15 years ago, Childline estimated that 42% of sexual offences reported to their organisation were committed by other children (Vanzant, 2004). The extent of this social phenomenon is furthermore evident in media coverage. An article in the *Pretoria News* in 2006 (Maughan, 2006) reported a near doubling of children committing sexual offences annually. That same article found that 82 children were charged daily with assault or rape of another child in South

Africa. More recently, *The Times Live* reported in 2018 that many boys between fourteen and seventeen years of age had been touched inappropriately and had forced oral sex, whereas with girls, an increase in forced penetration was reported (Farber, 2018).

In terms of more recent data, two sources of prevalence of ISB are available in South Africa, namely data collected from police officials and from the National Child Protection Register. The South African Police Service (SAPS) provides an annual report on all sexual offences as defined in legislation. However, this data is not organised by age as the age of the victim is often not recorded by the officer (Artz et al., 2016). This makes this aspect of administrative data useless for understanding the incidence of ISB of children.

The second data source is the National Child Protection Register in terms of the Children's Act (Republic of South Africa, 2005). The National Child Protection Register is a valuable source of information on the incidence of sexual abuse involving children because all cases of child sexual abuse that is reported to a Provincial Department of Social Development must be included in the National Child Protection Register (CPR). Similar to the SAPS's annual report, the National Child Protection Register relies on correlating data from various offices. However, because of a stigma and secrecy inherently attached to child sexual abuse, reports to institutions are often not made (Artz et al., 2016) thus the scope of a problem, such as ISB in children, ends up being underestimated.

In an effort to combat the lack of existing data regarding prevalence of child sexual abuse the Optimus Study (Artz et al., 2016) was designed to provide national representative data for South Africa. However, this study only highlighted the contributing factors that increase the risk for child sexual abuse (not specifically ISB) and when referring to child sexual abuse it found that one in every ten children had experienced sexual abuse by a known adult (Artz et al., 2016:37). The prevalence of ISB in the South African context is thus not known or acknowledged and requires more up-to-date data on the occurrence of such abuse.

(ii) South African legislation pertaining to child sexual abuse and inappropriate sexual behaviours

Internationally, the United Nations Convention on the Rights of the Child (UNCRC) is the most commonly known children's rights treaty that outlines the rights of all children defined as anyone under the age of 18 years old. The United Nations adopted the Convention in November 1989, and it is seen as a point of departure for all children's rights. South Africa adopted this Convention in 1995 and has since been legally obligated to implement it. The UNCRC was built upon the principles of freedom and the rights of all human beings but goes further to acknowledge children's vulnerability and also children's own special needs. The UNCRC further recognises the rights of the child to be cared for and protected but places the responsibility thereof on every child's family to uphold these rights (UNICEF, 2009; UNCRC, 1989).

Following the UNCRC, the African Union adopted the African Charter on the Rights and Welfare of Children (ACRWC) in 1990. South Africa signed the ACRWC in 1997 and adopted the Charter in 2000. The ACRWC recognises that most children who reside in Africa live in critical circumstances as a result of political, cultural and socio-economic structures. The ACRWC further reiterates that natural disasters, armed conflicts, hunger and mental immaturity all contribute to African children needing special safekeeping. The ACRWC goes further to state that children should grow up in a family environment in the presence of happiness, love, and understanding in order to develop full and undisturbed personalities (Organization of African Unity, 1990).

The UNCRC and the principles enshrined in the ACRWC both served as a point of departure for the Constitution of the Republic of South Africa 108 of 1996: section 28 of the Bill of Rights. The Bill of Rights in the Constitution upholds the civil, political and socio-economic rights of all South Africans and section 28 particularly sets out the rights of South African children. From these rights it is clear that in all matters, the child's best interest is paramount. A child has the right to appropriate care, basic nutrition, shelter, basic health services, and social services and the right to be protected from neglect and abuse, and if deemed necessary, a child should be provided with alternative care.

The Children's Act 38 of 2005 makes provision for the protection of children against social harm, abandonment and neglect. Statutory procedures to follow for the protection of children's rights are set out in this act. The Children's Act (Republic of South Africa, 2005) advocates for early intervention services such as family preservation and support services and include family counselling and intensive support for families who are at risk of having a child removed from their home. With reference to early intervention on children's lives, this legislation promotes strategies to improve care and the social, emotional, physical, and cognitive development of children. For this study the Children's Act has provided a framework for defining child sexual abuse and provides guidelines for professionals, especially social workers to intervene with those displaying ISB.

The Children's Act 38 of 2005 holds social workers responsible for intervention on all levels, but with a specific focus on prevention services in alignment with the developmental social welfare model. The White Paper for Social Welfare (Republic of South Africa, 1997b), on the other hand advocates for a focus on prevention services by enhancing family functioning, then protecting the family, and lastly intervening on a statutory level. The Children's Act 38 of 2005 indicates that designated child protection social workers should implement "any strategies and programmes which strengthen and build the capacity and self-reliance of families and children [...] and early intervention services which aims to avoid statutory intervention of any kind by implementing developmental and therapeutic programmes" (Republic of South Africa, 2005:166).

Research has been done on contributing factors to ISB in the United States of America (Association for Treatment of Sexual Abusers, 2006; Kellogg, 2009) and the United Kingdom (Gil & Shaw, 2014; Cabinet Secretary for Justice of Scotland, 2020) where factors were identified as situational factors, environments in which sexuality is more open, dysfunctional families, stress, abuse and neglect, children with developmental disabilities, family issues, social, economic, and developmental factors, poor parenting and exposure to sexually inappropriate material.

However, within the South African context there is a lack of research on the contributing factors to ISB. Therefore, because social workers are the professionals who are most often responsible for the identification of ISB and for having to render subsequent

intervention and prevention services, the focus of this study will be on the views of social workers about the specific contributing factors to ISB. Research has been done on sexual abuse, such as Cornelissen-Nordien (2019) who focused on services available to children who had been sexually abused, and the Optimus Study (Artz et al., 2016) that aimed to provide national data on the extent and impact of child sexual abuse and other forms of maltreatment in South Africa. Then there was Omar (2010) who aimed to develop an understanding of ISB in children under the age of ten years old to inform assessment tools, Childline (2002) that focused on adolescent sex offenders, and Wild (2002) who studied the evaluation of a diversion programme offered at The Teddy Bear clinic in Johannesburg. It was thus clear that there was a gap in research on the contributing factors of ISB in the South African context. This research addresses the lack of current knowledge about contributing factors that result in children displaying ISB and adds to research conducted by Cornelissen-Nordien (2019), the Optimus Study by Artz et al. (2016), Omar (2010), Booyens (2003), Wild (2002), and Childline (2002) as mentioned above.

This research further aims to gather data on what social workers identify as contributing factors to children displaying ISB. As it was, social workers would find it hard to provide intervention strategies due to the little research that has been done on the topic and due to the little information that was available on contributing factors specific to South Africa. The sparse, and often less recent literature that was available, was not suitable for the South African context as it was based on international research. In conducting this research, the researcher was “concerned with understanding the social and psychological phenomenon from the perspectives of the people involved” (Welman & Kruger, 1999:189) and therefore gathered data from social workers rendering services to children with ISB to inform and help other social workers.

1.1 PROBLEM STATEMENT

The problem is that the research that has been conducted on inappropriate sexual behaviour is not specific to the South African context. This formed the foundation for the problem formulation of this study as there was no current research on the views of social workers on the contributing factors to children displaying ISB.

If there is no clear data about what the contributing factors to ISB could be, it would be very difficult for social workers to conduct informed and effective early intervention and prevention services. These prevention services include prevention campaigns, therapeutic counselling and statutory intervention. However, social workers who have access to South African specific data would be in an informed position to develop strategies applicable to South African contexts.

By drawing from the views of social workers on contributing factors in children who display ISB, one would be able to identify overlapping contributing factors or recurring experiences which could then be added to existing knowledge on ISB in South Africa. By generating such data, the gap in existing literature on ISB in children, specific to South Africa, could be filled. Additionally, grass-roots level knowledge on what professionals deem to be important factors that may lead to children displaying ISB, could also be obtained and could further inform preventative strategies.

1.2 RESEARCH QUESTION

What are the views of social workers on the contributing factors to the display of inappropriate sexual behaviours in children under the age of fourteen?

1.3 AIMS AND OBJECTIVES

The goal of the research study was to develop an understanding of the view of social workers about the contributing factors to children, under the age of fourteen, displaying inappropriate sexual behaviours.

In order to achieve this aim, the following objectives were formulated:

- To describe policy and legislation in South Africa that informs social workers working with children who display ISB.
- To identify and discuss the contributing factors to the display of ISB by children within an ecological perspective.
- To investigate the views of social workers on the contributing factors to ISB in children under the age of fourteen.
- To present conclusions based on the collected data and provide recommendations.

1.4 DEFINITION OF CONCEPTS

For the aim of this study the following concepts were defined:

1.4.1 Contributing factors

A contributing factor or factors would be seen as a reason or influence playing a part in bringing about an end or result (Merriam-Webster Dictionary, 2020). Spath (2011) suggests that one can identify contributing factors by asking, "What was going on at this point in time that increased the likelihood the event would occur?" The answers would be seen as contributing factors, such as situations, circumstances or conditions that collectively increased the likelihood of a behaviour or incident. This definition will be accepted for the purpose of this study.

1.4.2 Inappropriate sexual behaviour

For the purpose of this study the definition of Hackett et al. (2016) was used when referring to ISB in children. The authors state that inappropriate sexual behaviours are "sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult" (Hackett et al., 2016:12).

1.4.3 A child

According to the Children's Act (38 of 2005) (Republic of South Africa, 2005), the Child Justice Act (75 of 2008) (Republic of South Africa, 2008), and the Constitution of South Africa (Republic of South Africa, 1996) a child is someone under the age of 18 years (Booyens, 2003). However, a child is defined within the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 as:

- (a) a person under the age of 18 years; or
- (b) with reference to sections 15 and 16, a person 12 years or older but under the age of 16 years (Republic of South Africa, 2007a).

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (Republic of South Africa, 2007a) stipulates a child may be under the age of 16 but older than 12 if the child is found not to possess criminal capacity. For the purpose of

this study a child would be seen as a person under the age of fourteen years, as children displaying ISB under the age of fourteen are seen as possibly not possessing criminal capacity and are therefore eligible for diversion programmes.

1.4.4 Views

Views refer to the way a person perceived something. It could further be described as their opinions, beliefs, ideas, or a way of thinking about something (Cambridge University Press, 2020). For the purpose of this study the views, beliefs, ideas and way of thinking of social workers rendering services to children who display ISB will be determined.

1.4.5 Social workers

The International Federation of Social Workers (2014) defines a social worker as:

A practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance well-being.

For the purpose of this study a social worker will be a person registered at the South African Council for Social Service Professions rendering services to children under the age of fourteen years displaying ISB.

1.5 THEORETICAL POINTS OF DEPARTURE

The theoretical foundation of this study was found in the ecological perspective of Urie Bronfenbrenner. Bronfenbrenner's (1979) ecological perspective and his belief in examining the person within their environment in order to gain an understating of the influences on their development as a school of thought on behaviour, will be described shortly. Bronfenbrenner (1979) suggested four levels to be used as a framework in understanding how an individual may be influenced by hierarchical environmental systems in which they function. The levels contain the microsystem, the mesosystem, the exosystem, and the macrosystem. These levels allowed the researcher to review

contributing factors on various levels of the environment of children displaying ISB. Contributing factors of ISB are those individual, biological or psychological, or environmental factors that increase the likelihood of the development or maintenance of ISB.

According to Bronfenbrenner's model these levels could be applied to children who display ISB. The first level is the microsystem which refers to a child's immediate environment, including personality characteristics and relationships as well as contributing factors such as a history of sexual abuse, or an absent caregiver. The second level is the mesosystem which includes the home environment and families and peer groups. This is followed by the third level, namely the exosystem. For the purpose of this study the exosystem encompasses social media and the internet. Finally, the fourth level, the macrosystem, refers to political, cultural and socio-economic structures, such as legislation pertaining to children displaying ISB under the age of fourteen.

1.6 RESEARCH METHODOLOGY

This section briefly details the research design, research method, sampling and data collection and the unit of analysis the researcher used in the study.

1.6.1 Research approach

A qualitative approach was used in this study. The research approach for this study embodied the qualitative design as this provided a good paradigm in gaining insight into the views of professionals on contributing factors to children displaying inappropriate sexual behaviour. According to Babbie and Mouton (2001:53) the qualitative research approach is about describing and understanding human behaviour instead of explaining and predicting human behaviour. This approach was suitable for the research study because the phenomena to be investigated needed in-depth and descriptive answers, thus a quantitative approach was not suitable or relevant.

The next step in the research process was to decide on a research design that would allow the researcher to achieve the various research objectives. Research methods refer to the techniques that are used to collect and analyse the data needed to gather the knowledge necessary to answer the proposed research question (Grix, 2002:179).

The research methods which were implemented in the proposed study are discussed below.

1.6.2 Research design

The research designs chosen for the proposed study incorporated explorative and descriptive research designs that were informed by the epistemology of interpretivism. Interpretivism provides the research with the standpoint that the world can be explored and understood by applying a systematic and interactive approach and that the knowledge becomes greater by understanding symbols and meaning (De Vos, Strydom, Schulze & Patel, 2011:8).

Exploratory research is chosen when the need for the study arises from a lack of information surrounding a phenomenon that the researcher wishes to explore. Fouché, Strydom and Roestenburg (2021), De Vos et al. (2011), Blaikie & Priest, (2019). Literature (Babbie, 1992; Mouton & Marais, 1990) validates that exploratory research should be utilised when new interests in unfamiliar problems are researched. Since there was a gap in knowledge regarding the factors contributing to children displaying inappropriate sexual behaviours in the South African context, the exploratory research approach was used to fill such a gap (Fouché et al., 2021). A combination of aspects from both research methods would thus allow the researcher to explain the phenomena of contributing factors to children displaying ISB from the perspective of the social workers being interviewed (Brink & Wood, 1998).

1.6.3 Population and sampling

Population can be explained as a group of individuals, institutions or objects who have common characteristics that are of interest to the researcher (Fouché et al., 2021; De Vos et al., 2011). The population for this research could be identified as social workers in South Africa that render services to children under the age of fourteen displaying inappropriate sexual behaviour.

For the purposes of this study the non-probability sampling approach was used. Non-probability sampling allowed the researcher to target specific individuals based on their skill and experience (Fouché et al., 2021; De Vos et al., 2011). The aim was to include social workers rendering services to children, under the age of fourteen, who display

ISB. The social workers were fluent in Afrikaans or English, irrespective of their race, gender, culture, religion or age and formed part of the research sample. According to Maree (2007:79) the inclusion and exclusion criteria should be clear.

The participants were selected according to the following criteria:

- Participants should be qualified as a social worker.
- Participants should have at least two years' experience rendering counselling, therapeutic intervention or statutory intervention.
- Participants should have been conducting interviews with children who display ISB a minimum of two times a week.

Originally the participants were going to be selected from the population of social workers in the Facebook group "Leave no Child Behind". This Facebook group consisted of social workers, psychologists, counsellors and lawyers who were dealing with ISB in South Africa. The membership of the group was open to all professionals who were dealing with this phenomenon and the group had 500 members. The researcher was also a member of this group. Due to restrictions placed on posting within the Facebook Group the researcher had to seek an alternative way to recruit participants. The researcher therefore had to implore snowball sampling as her method for recruiting participants. Snowball sampling involved approaching a single participant who could provide data on the phenomenon being studied (Fouché et al., 2021). The first participant then refers the researcher to other possible participants. Snowball sampling is appropriate when the researcher has limited access to appropriate participants (Fouché et al., 2021).

The researcher contacted a social worker who was a part of the Facebook group "Leave No Child Behind." The researcher selected a member of the group whose contact details she possessed. In snowball sampling participants are asked to refer one or several potential participants to the researcher (Fouché et al., 2021). Therefore, the researcher contacted this participant explaining the aim of the study and the requirements to participate. This social worker agreed to be interviewed. The researcher then asked this participant to refer other social workers with similar experiences to contact the researcher (Fouché et al., 2021). This participant then referred participants to the researcher, once she had made contact with them, either

by providing an email address or contact number after obtaining the permission of the participant, or by asking the participant to contact the researcher. Once contact had been made with a participant, the researcher sent the prospective participant the informed consent form (Appendix A) and semi-structured interview schedule (Appendix B). The researcher would then discuss the informed consent form (Appendix A) and semi-structured interview schedule (Appendix B) via an online platform such as Microsoft Teams or Zoom or via telephonic contact on WhatsApp. Once informed consent had been given the researcher would conduct the interview via an online platform such as Microsoft Teams or Zoom. As literature notes, with snowball sampling, the chain of referral may be broken and so it was preferable that each participant had to give more than one referral (Fouché et al., 2021). Occasionally, the researcher would have participants refer her to other social workers who did not meet the inclusion criteria and thus the chain was broken and so the researcher would need to wait for other participants to refer her to other potential participants.

Data saturation was reached by interview number 18, but the researcher completed another two interviews to obtain enough data to effectively describe the phenomenon of this study and address the research questions. In addition, larger samples also support the reliability of the study and help in obtaining quality (Faber & Foncesca, 2014).

1.6.4 Data collection

The method of data collection found most appropriate for this proposed study was by way of conducting interviews. Interviewing participants allowed the researcher to gather large quantities of data through a semi-structured interview schedule in a casual, relaxed setting. The flexibility and naturalness of engaging with the participants on a subject they were familiar with was an advantage of using interviewing as a technique of data collection (Gochros, 2008:240). Institutional permission was not required as each social worker answered in their personal capacity and offered personal views. All social workers did not have equal chances to be selected as participants (Strydom, 2011:233) as only those who worked weekly with children who displayed ISB, were eligible.

Due to COVID-19 safety measures, the ethical committee of Stellenbosch University thought it best that interviews be conducted via telephone or on an online video conferencing platform. These interviews took place via online platforms such as, Zoom, Skype and Google Meet. This way the researcher could still ensure she was able to note non-verbal responses. These electronic interviews had considerable value as it was easy and comfortable to conduct and because there is no evidence to suggest sensitive areas should not be investigated using this method (De Vos et al., 2011:355).

Online interviewing gave the researcher the opportunity to note non-verbal responses such as facial expression, eye contact and tone of voice, and, if it was appropriate, would ask for a further explanation. The purpose of such probing was to expand the response to a question and to deepen the researcher's qualitative data (Fouché et al., 2021; De Vos et al., 2015:345; Gochros, 2008:241).

As opposed to other techniques such as surveys and questionnaires, interviews rely on the relationship between the researcher and participant (Monette, Sullivan, DeJong & Hilton, 2014). This was a potential problem for the researcher as she could not maintain control over how the participant would respond to her. The researcher overcame this by upholding the SACSSP ethical guidelines of empathy and respect which would allow the participant to feel comfortable and free to share what their views were on contributing factors to children displaying ISB.

For the interview schedule questions were organised around a specific topic, while still allowing the researcher to implore flexibility in scope and detail (Fouché et al., 2021:358; De Vos et al., 2015:348; Jarbandhan & Schutte, 2006:678). A semi-structured virtual face-to-face interview permitted the researcher to gain a detailed, in depth "picture of the participants' beliefs about, or perception or accounts of, a particular topic" (De Vos et al., 2015:351). This allowed the researcher to explore interesting topics the participants brought up within the area of focus. The researcher was guided by the semi-structured interview schedule (Appendix B) which allowed for the delivery of questions in an order that was sensitive and logical (Fouché et al., 2021:358; De Vos et al., 2015:352). Bailey (1982:196) states that it makes sense to address questions starting with simple questions before moving on to more complex ones. Therefore, the researcher started with questions on the participants' social work career and then moved to their knowledge of policy and legislation before asking their

own personal views about the contributing factors to children displaying ISB. With the above information the interviews were guided, rather than dictated (Greeff, 2011:352).

The interviews were audio-recorded with the permission of the participants, and the researcher made notes, without being inappropriate or causing any discomfort to the participants, by reading non-verbal cues and preparing participants prior to interviewing them that the researcher would make notes. As the interview schedule had been previously discussed with participants, there was time for participants to formulate their answers and review old case files so that they could provide rich, descriptive answers. In-depth interviews were conducted with 18 participants until data saturation was reached. Fouché et al. (2021) and De Vos et al. (2011) declare that data saturation occurs when the researcher begins to hear parallel information from participants, and very little new information is forthcoming. Data saturation was reached after analysing the in-depth interview of the 18th participant. The researcher then interviewed two more participants to make sure no new information came to the fore. The next step of the research process was to analyse the data that had been collected.

Following the online interviews, the interviews had to be transcribed. The transcribed documents were stored safely on Microsoft's OneDrive with restricted access and any areas of concern, such as reaching data saturation, were communicated directly to the supervisor.

1.6.5 Data analysis

Data analysis allowed the researcher to create structure and meaning from the data through a process of critical reflection whereby associations could be made and reasons for behaviours and actions could be contemplated (Fouché et al., 2021; De Vos et al., 2011). Creswell (2007) indicates that when conducting research within a qualitative framework the researcher seeks to understand the lived experiences of persons about a phenomenon. For the purpose of this study the lived experience was the views of social workers on the contributing factors to ISB in children that they were rendering services to. For this study, the audio-recorded interviews combined with the handwritten notes were transcribed and the transcriptions formed the data which was analysed. Analysis transforms data into findings by bringing order, structure and

meaning to the mass of collected data (Fouché et al., 2021; De Vos et al., 2005). The analytical process “does not proceed tidily or in a linear fashion but is more of a spiral process; it entails reducing the volume of the information, sorting out significant from irrelevant facts, identifying patterns and trends, and constructing a framework for communicating the essence of what was revealed by the data” (De Vos et al., 2005:333).

The researcher applied thematic analysis to the gathered and organised data. Thematic analysis can be seen as identifying themes, patterns of belief, and recurring language or ideas (Braun & Clarke, 2006:97; Flick, 2006; Kreuger & Neuman, 2006; Grinnell & Unrau, 2005). Thematic analysis allowed the researcher to organise and manage large quantities of data without losing the essence of the participants’ narratives. There is an “inseparable relationship between data collection and data analysis, and this is one of the major features that distinguish qualitative research from traditional research” (De Vos et al., 2005:335).

When reviewing the data, the researcher was able to include the participants’ own chronicles, gaining a deeper insight into the subjective realities of the participants, thus allowing the researcher to humanise the participants (Braun & Clarke, 2006:97). The researcher identified “salient themes, recurring ideas or language, and patterns of belief that link the participants” which can be seen as the “most intellectually challenging phase of data analysis and one that ... integrate(s) the entire endeavour” (De Vos et al., 2005:338). Fouché et al. (2021) state that in this regard, classifying means taking the text or qualitative information apart and searching for categories, themes or dimensions of information. Within these overriding themes the researcher further categorised the data within each theme into subthemes and then into categories so the researcher could generate informed recommendations for other professionals who may intervene with children who display inappropriate sexual behaviours. Creswell (2007) highlighted several steps for data analysis which is discussed in detail in Chapter Four of this study.

1.6.6 Method of data verification

The criteria for a research study should be established to ensure that the quality of the data can be verified (Fouché et al., 2021; De Vos et al., 2011). Bless, Higson-Smith

and Sithole (2013) highlight that different criteria must be used to evaluate the quality of the data collected. As the researcher chose the qualitative study method for this research, the criteria were evaluated on its trustworthiness on the basis of credibility, transferability, dependability and conformability.

1.6.7 Validity

Validity is concerned with whether an indicator used to measure a concept, measured such concept with quality. To ensure the semi-structured interview schedule measured accurately, the researcher conducted a pilot interview with participant one, who formed part of the study. From this pilot interview it could be determined that the data recorded measured the intended data accurately, as it was not necessary to make any changes to the semi-structured interview schedule.

To further ensure validity, the researcher had one participant from the study read through the empirical chapter, Chapter Four, in order to state whether or not there was agreement with the findings the researcher outlined in the study. This participant was chosen as she had five years' experience in the field of social work of which two years' were rendering services to children displaying ISB and had also obtained her masters' three years ago in the field of child sexual abuse. This participant informed the researcher that she agreed with the findings of the study (Appendix C).

The researcher also made use of an independent coder who obtained a master's degree in Social Work. This independent coder read the researcher's transcriptions and empirical chapter and confirmed the themes, subthemes, and narratives (Appendix C).

1.6.8 Credibility

Bless et al. (2013:236) state that credibility corresponds to the concept of internal validity, it seeks to convince that findings of the study make sense and are a truthful depiction of reality. It was therefore important for parameters to be placed around the study, with the researcher stating the boundaries as a thorough data description. These boundaries placed within the boundaries of population and theoretical frameworks, indicate that the research was credible. Credibility is ensured when one collects rich, thick data rather than low-quality data (Fouché et al., 2021). Within this

research study, Chapter Three provides a theoretical framework which added to the credibility of this study.

1.6.9 Transferability

Transferability refers to the ability to generalise findings in other populations, groups and settings (Fouché et al., 2021; De Vos et al., 2011). The researcher added to the transferability of the study by providing a detailed description of the context in which data was collected and about the researcher's relationship with the participants (Bless et al., 2013:237). The research process was detailed and the need for the study was explained as well as how the participants could be accessed. The process of interviewing and the semi-structured interview schedule (Appendix B) were also explained. These aspects provided an understanding of the context from which findings could emerge and should enable other researchers to generate several contexts where such findings might be meaningful.

1.6.10 Dependability

Dependability demands that the researcher describes and follows a clear and thoughtful research procedure (Bless et al., 2013:237). In this research study, the researcher ensured the dependability of the research by ensuring that the entire research process was executed in a logical, well-documented manner. Dependability is valued by examining evidence of the research process as found in its documentation (Fouché et al., 2021). Furthermore, international and national research articles were utilised and referenced in this study to allow for a dependable research study.

1.6.11 Confirmability

The final criteria to ensure validity of this qualitative research study, was confirmability (Fouché et al., 2021; De Vos et al., 2011; Morrow, 2005). "Confirmability is based on the acknowledgement that research is never objective" (Morrow, 2005:252). A confirmable study specifies that the study's findings could be established by someone other than the researcher (Fouché et al., 2021; De Vos et al., 2011). The confirmability of a research study would require that other researchers would be able to obtain similar findings by following a similar research process in a similar context (Bless et al., 2013:237). To increase the confirmability of this research study, the researcher made

use of participants' responses with minimal changes. To further add to the conformability of the study the researcher detailed her research process.

The researcher acknowledged that minimal attention was given within research conducted in the field of social work in South Africa to the phenomenon of contributing factors to ISB in children under the age of fourteen. This made the researcher interested in what could be perceived as a contributing factor in ISB in children in order to understand it better, by enhancing the information available on this topic these children will be assisted through providing efficient services to them.

1.6.12 Reflection of the researcher on self-awareness, influence on the participants and the research process

The researcher is a registered social worker and has experience in child and family welfare and in rendering services to children who display ISB from her employment. The researcher recognised that minimal attention to contributing factors to ISB in children, under the age of fourteen, has been given. This made the researcher interested in enquiring about the social problem in order to understand it better, gather information and raise awareness about this problem. During the study, the researcher examined her own feelings regarding the study by discussing all feelings with the supervisor.

1.6.13 Ethical considerations

According to Bless et al. (2013:25) one of the reasons why social scientists are so concerned about research ethics is that there have been many cases of abuse of people's rights in the name of social research. Fouché et al. (2021) elaborate that those ethical guidelines also serve as standards and as a basis upon which researchers must evaluate their own conduct. This research study did not explore deeply personal experiences or difficulties, but more practical experiences of what participants perceived to be contributing factors to children displaying inappropriate sexual behaviour as identified in the interviews within this group. As outlined by the Departmental Ethical Screening Committee (DESC) at Stellenbosch University, this study was seen as low risk.

Throughout conducting this research, the researcher ensured she carried herself and the research in an ethical manner. This entailed protecting the participants from harm; be it emotional or physical. The main ethical consideration that underpinned the research was its aim to engage with the participants' experiences and perceptions of contributing factors to children who display ISB, while maintaining confidentiality, obtaining informed consent, ensuring the participation is voluntary and debriefing participants on completion of the interview (Strydom, 2011:115).

The researcher undertook to procure informed consent from all the participants prior to commencing the semi-structured interviews. The ethical principle of voluntary participation was implemented as the researcher informed the participants that their decision to participate in the study was based entirely on their choice and that they could choose to discontinue at any stage during the research process. The researcher explained the purpose of the study, the data collection process and the use of the data to all participants. The researcher furthermore allowed all participants the opportunity to decline or give consent for voluntary participation in the research by signing informed consent forms (Appendix A) after all the above aspects were discussed. The potential risks, discomforts, and the option of debriefing were discussed in detail. Moreover, the benefits of the study were clearly explained to the participants, alongside the fact that no payment would be given to them for partaking in the study. The transcribed documents were stored safely in the researcher's office, access was restricted, and unforeseen situations were communicated directly to the supervisor.

In addition to the ethical precautions the researcher had already implored, the researcher also maintained the Code of Ethics for the social work profession as a registered South African Council for Social Services Professions especially pertaining to confidentiality. Confidentiality implied that only the researcher and her supervisor were aware of the identity of participants, furthermore the supervisor made a commitment with regard to the confidentiality of the study (De Vos et al., 2011:120). Confidentiality was always maintained, and the identity of the participants were not used in any compromising manner to the disadvantage of the participants. This information was communicated clearly to the participants. Therefore, participants are referred to as participant 1, 2, 3, and so forth.

Permission to conduct the study was obtained from the Departmental Ethics Screening Committee (DESC) of the Department of Social Work at Stellenbosch University and the Research Ethics Committee (REC) before the commencement of the study.

1.7 LIMITATIONS OF THE STUDY

There is a scarcity of literature on this subject in the field of social work. Due to a lack of recent research on this topic, some sources are outdated. The researcher attempted to create balance with more recent online sources and journal articles. This study involved eighteen participants; findings could therefore not be generalised to reflect the considerations of all social workers who work with children displaying ISB.

1.8 PRESENTATION

The research consists of five chapters, namely:

Chapter One provides the introduction and rationale for the study including the theoretical framework, problem statement, goal and objectives, an overview of the research methodology, ethical obligations and the limitations of the study.

Chapter Two provides an in-depth discussion of policy and legislation with regard to children displaying ISB, which is the first objective of the study.

Chapter Three presents the second objective of the study, which is to identify and discuss the contributing factors to the display of ISB by children within an ecological perspective.

Chapter Four presents the empirical findings of the study on the views of social workers on the contributing factors to ISB in children under the age of fourteen, and the literature control.

Chapter Five is the final chapter of this study and contains conclusions and recommendations regarding social work services for various stakeholders that render services to children under the age of fourteen who display ISB.

CHAPTER TWO:

POLICY AND LEGISLATION PERTAINING TO SOCIAL WORKERS RENDERING SERVICES TO CHILDREN WHO DISPLAY INAPPROPRIATE SEXUAL BEHAVIOURS

2.1 INTRODUCTION

Inappropriate sexual behaviour is defined as “sexual behaviour(s) expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult” (Hackett et al., 2016:12). ISB in children is an ever-growing issue in South Africa and is deeply rooted in various levels of society. One of these levels that could be seen as a contributory factor is the lack of policy and legislation to address the issue of ISB of children. Concerning this matter, Varaden (2016) believes that South Africa was successful in developing policy and legislation that guide government in rendering appropriate, holistic and integrated services to children who are sexually abused, but that there is a gap in legislation addressing children showing ISB.

The rights of children to be protected and cared for are unmistakably enshrined on international and regional levels with the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC), and nationally South Africa has specific legislation and policies such as the Constitution 108 of 1996, the Children’s Act 38 of 2005 and the Child Justice Act 75 of 2008. Both the UNCRC and the ACRWC laid the foundation for the South African legislation and policies pertaining to child protection to come into effect that social workers reference every day. In South Africa social workers who are responsible for the protection of abused and neglected children are guided by these policies and legislation. Similarly, South African social workers are guided on how to prosecute sexual abuse. However, as ISB has only recently been acknowledged as a social issue, social workers can only use the existing policies and legislation which they usually apply to sexual abuse cases and make it applicable to ISB cases.

In this chapter the focus will be on the first objective of the study, namely to discuss the South African government's approach to child sexual abuse (CSA) and the relevant policy and legislation that address CSA that are aligned to international and regional conventions and frameworks such as the UNCRC and the ACRWC which recognise and promote children's rights and address the violation thereof. In this chapter South African policy and legislation that social workers use to inform them on how to work with children under the age of fourteen who display ISB, will also be discussed.

2.2 INAPPROPRIATE SEXUAL BEHAVIOUR AND SEXUAL ABUSE

In this section child sexual abuse (CSA) and inappropriate sexual behaviour (ISB) will be defined and the differences and similarities between CSA and ISB will be discussed. The nature and prevalence of ISB both internationally and nationally will be highlighted.

2.2.1 Sexual abuse

The Children's Act of South Africa (Republic of South Africa, 2005:17) describes child sexual abuse as:

- a) sexual molestation and assault or allowing the child to be sexually molested and assaulted;
- b) encouraging, inducing, or forcing a child to be used for the sexual gratification of others;
- c) using a child in or deliberately exposing the child to sexual activities or pornography; and
- d) procuring or allowing a child to be used for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of the child.

From the above definition it is clear that there exist various forms of CSA, such as sexual assault, sexual grooming and the use of child sexual abuse materials. Some authors would go further to divide CSA into contact and non-contact offences. Martellozzo (2012) mentions that contact offences include both penetrative sexual acts such as anal, vaginal or oral sex as well as non-penetrative sexual acts, such as

fondling or petting. Non-contact offences include voyeurism, exhibitionism and more recently, online CSA.

Martellozzo (2012) indicates that the consequences of contact and non-contact offences are equally damaging to a child and that both offences should be given adequate attention and intervention. However, Beckett (2007) claims that the long-term effects of CSA involving genital contact can be regarded as more serious. Gold, (2017) state that it could be construed that non-contact sexual offenses are occasionally seen as a “nuisance”, thereby going unreported or unnoticed to authorities, thus meaning that these offences could be regarded as less serious. Clark, Jeglic, Calkins and Tatar (2016) do however report that these non-contact offenses are more than a nuisance and can negatively impact their victims. Nevertheless, authors mostly indicate that the consequences of CSA can be serious and can have long-term negative impacts on the social and emotional health and well-being of child victims (Cornelissen-Nordien, 2019; Hillberg et al., 2011; Maniglio, 2009; Paras, Murad, Chen, Goranson, Sattler, Colbenson, Elamin, Seime, Prokop & Zirakzadeh 2009; Dube, Anda, Whitfield, Brown, Felitti, Dong & Giles, 2005).

2.2.2 Inappropriate sexual behaviours

As reported in Chapter One when referring to ISB in children the definition of Hackett et al. (2016) is supported for the purposes of this study. According to these authors ISB is defined as, “sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult” (Hackett et al., 2016:12).

To gain a better understanding of ISB, it is important to focus on sexual behaviour in children. Martin (2014) states that sexual behaviour in children can be viewed through three perspectives, namely that it is natural to behave in that way, that it is a sign of sexual abuse, or that it is an indicator of a sexual problem. The first viewpoint namely of sexual behaviour being natural is because children exhibit sexual behaviours. Davies, Glaser and Kossoff (2000) share this view of sexual behaviour in children being natural and as they grow older they realise the contexts in which it is appropriate to display such sexual behaviours.

Regarding the second viewpoint, that any sexual behaviour in children is a sign that the child is sexually being abused, is shared by Friedrich et al. (2003). However, this perspective, namely that ISB is always a sign of sexual abuse is not being supported by recent and less recent literature. Philander (2018), Varaden (2016), Omar (2010), and Cavanagh-Johnson and Doonan (2005) all emphasise that this assumption is not always correct, and that such an approach could label children as victims of sexual abuse when they are not.

The third viewpoint by Martin (2014) is that ISB is an indicator of a sexual problem, meaning that a child may have an addiction, a physiological issue, or a disease. However, no other recent literature was found to support this viewpoint.

Another explanation of sexual behaviour in children is the view of McGrath (2010). McGrath (2010) suggests that sexual behaviours in children could be divided into three separate categories namely, normal, problematic and abusive behaviours. This approach, that children's behaviour can be seen as normal, problematic or abusive, is supported by professionals dealing with children who display ISB in Australia (South Australia Department of Education, 2019; Government of South Australia, 2013), the United Kingdom (Kellogg, 2009), the United States of America (Friedrich, 2007) and South Africa (Varaden, 2016; Omar, Steenkamp & Errington, 2012).

To classify the sexual behaviour of children into one of the three above-mentioned categories McGrath (2010) leaves professionals to deal with two issues; that is what would normal sexual play be, and when is sexual play between young children considered to be abusive (Omar et al., 2012:15). Johnson and Aoki (2014) state that sexual behaviour in children range on a continuum from normal to inappropriate. Omar et al. (2012) and Friedrich (2007) support this continuum believing that behaviours such as masturbation and sexualised play are normal while at the other end of the continuum, behaviours such as sexual abuse of other children through force or manipulation are inappropriate.

Philander (2018), Varaden (2016), the South Australia Department of Education and Children's Services (Government of South Australia, 2013) and Kellogg (2009) all support the notion that sexual behaviour in children under the age of fourteen is seen as problematic or abusive and therefore inappropriate when that behaviour occurs at

a high frequency or in secrecy, even after intervention. Sexual behaviour is also seen as inappropriate when it causes one or all of the parties involved emotional distress or physical harm, if it involves coercion, force or intimidation, or when it occurs between children with a significant age difference or cognitive or developmental abilities. It is clear from the above discussion that “natural” or “normal” behaviour would not inflict emotional distress or physical harm on the parties involved and would therefore not be classified as ISB. However, the aspect about age is important as international literature mostly focuses on ISB in children under the age of fourteen. This cut off age is also applicable to the South African context as in South Africa being fourteen years old is significant in prosecuting crimes. Children between the ages of ten and fourteen years may have criminal capacity but there is a burden of proof to prove beyond a reasonable doubt that the perpetrator had criminal capacity when committing the alleged crime. Children above the age of fourteen on the other hand, are regarded as having criminal capacity who can thus be prosecuted for their crimes with a lesser burden of proof.

2.2.3 Inappropriate sexual behaviours in South Africa

In South Africa ISB has become an increasing and concerning social phenomenon that affects both the victims and the aggressors, with no age group, race, gender or socio-economic group going unaffected (Omar, 2010). However, research into this phenomenon in a South African context is scarce. An analysis of child abuse in South Africa concluded in 2000 and performed by Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN) (RAPCAN, 2000) found that South Africans were denying the severity of the issue, and that in cases where children alleged their abuser was another child, adults were not quick to believe them. Philander (2018) notes that few stakeholders know how to navigate reports of children involved in perpetrating sexual crimes.

There are speculations as to why the phenomenon of ISB has not been acknowledged in South Africa. Philander (2018) believes it could be due to a lack of acknowledgement from teachers and parents, while over two decades ago, Booyens (2003) believed that it was due to a lack of record-keeping on juvenile offences prior to 1990 which allowed for the data not to reflect how ISB has become more prevalent. Varaden (2016) agrees that a lack of up-to-date statistics contributes to the non-awareness of ISB. Booyens (2003), supported by Gallinetti, Kassan and Ehlers (2006) and Omar (2010) feels that

the legacy of Apartheid cultivated a culture of acceptance of violence and that in an inherently violent society such as South Africa where many forms of violence are present, the phenomenon of ISB has been overlooked. The hypothesis of a culture of violence is taken further by Altbeker (2007) who sees violence and crime in the South African society as a contributing factor to domestic violence and ISB. This hypothesis is the reason there is still an increase in ISB cases, despite some legislative adjustments concerning the consequences for children who perpetrate sexual offences (Philander, 2018; Varaden, 2016; Omar, 2010). Although legislative adjustments were implemented in South Africa, it is important to note that legislation concerning children have to take into consideration international and regional treaties aiming to protect children.

2.3 AN INTERNATIONAL FRAMEWORK FOR THE PROTECTION OF CHILDREN

The United Nations Convention on the Rights of The Child (UNCRC) will be discussed below as it pertains to children and protecting the rights of children against all forms of abuse, including sexual abuse, on an international level. South Africa ratified the UNCRC in 1995 and are therefore bound by international law to adhere to the stipulations.

2.3.1 United Nations Convention on the Rights of The Child (1990)

The United Nations Convention on the Rights of the Child (UNCRC) was formulated in 1989 when world leaders created an international legal framework to protect and uphold all children's rights. An everchanging world created the need for some world leaders to come together to make a historic commitment to place value on all children. The aim of this international document was to uphold and improve the rights of children globally.

The treaty proposed an alternative idea, namely that children are not property who belong to those who care for them, but that they are instead human beings and individuals with separate rights of their own. The convention saw childhood as being separate from adulthood. It is therefore a human rights treaty built on different legal systems and cultural traditions which sets out the civil, cultural, economic, political and

social rights of children. In doing so this Convention declares a universally agreed set of non-negotiable standards and obligations (UNCRC, 1990).

The Convention went on to become the most widely ratified human rights treaty in history and has served as a point of departure for legislation on children's rights, promoting coordination, monitoring and evaluation of activities across all sectors. The Convention on the Rights of the Child is the first legally binding international document which incorporates a full scope and range of human rights including civil, cultural, economic, political and social rights (Hannah, 2012).

Four principles form the basis for this convention and will be discussed in the following sections. These principles are non-discrimination, best interests of the child, the right to live and develop, and the right to respect. In Article 2 of the UNCRC the first principle, non-discrimination, is enshrined. All children are entitled to rights regardless of gender, race, language, political views, ethnicity or disability. The second principle is that of devoting all efforts to consider the best interests of the child as seen in Article 3. Article 6 upholds the third principle and provides children with the right to live and develop physically, mentally, spiritually, morally, psychologically and socially. Throughout the UNCRC the fourth principle asks that the views of all children should be respected, thus acknowledging that children can express themselves freely and to have these views taken seriously by allowing child participation as highlighted in Article 12.

2.3.1.1 Non-discrimination

Article 2 of the UNCRC (1989) upholds the principle of non-discrimination that the parties who signed the Convention must "respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status" (UNICEF, 2009:9). This principle of non-discrimination emphasises the state's role in protecting its children against all forms of discrimination by protecting the children's rights. Thus, when dealing with children who display ISB this principle must always be applied as, whatever their behavioural issues, it is a right that children deserve, namely, to always be treated equally, without discrimination of any kind.

2.3.1.2 Best interests of the child

According to Article 3 of the UNCRC (1989), the best interests of the child should always be the main consideration when actions are taken by public or private social welfare organisations, courts of law, legislative bodies and administrative clerks. This means that when any decision is undertaken regarding a child's care and protection, the decision should ultimately be made to benefit the child and any further positive development of the child. This principle, according to the United Nations Children's Emergency Fund (UNICEF) (2009), aims to negate the low priority often allocated to children's interests when making complex decisions.

2.3.1.3 Survival and development

The third principle of survival and development is addressed in Article 6 of the UNCRC (1989) which states that every child has the right to a life where survival and development is possible and attainable. Children should not just have the right to life, as is contained in the Declaration on Human Rights, but more specifically to a life that holds resources to support and nurture them to achieve their full potential. It is the state, but also other stakeholders' responsibility, to ensure that the survival and development of a child is guaranteed (Blokland, 2011).

2.3.1.4 Participation

Many civil rights enshrined in the UNCRC, specifically Article 12, recognise the need for a child to play an active role in decision-making. This engagement as a concept is known as participation, even if this is not the term used in Article 12 (Lansdown, 2011). Article 12 of the UNCRC states that the state should allow the child, to express their views freely and that these views should be given appropriate acknowledgement and consideration according to the age and maturity of the child, in the decision-making process (UNICEF, 2009).

The four principles described in Articles 2, 3, 6 and 12 allowed for the Convention to be applied in order to set standards in health care, education, and legal, civil and social services. Countries who adopted and thereby agreed to adhere to the principles of the Convention, have committed to protect and uphold children's rights and to subsequently be held accountable for this commitment before the international

community. Almost a decade ago, 193 countries ratified or acceded (some with specific reservations) to the Convention. Some countries, however, did not ratify the UNCRC, such as Somalia, South Sudan, and the United States of America (Hannah, 2012).

On 16 June 1995, South Africa ratified the United Nations Convention on the Rights of the Child (1990). This meant that South Africa would, from that date onwards be adhering to the provisions stipulated in the Convention by providing forms of protection to children within the country's own legislation. Article 34 of the UNCRC, for instance, makes special provision against sexual abuse and stipulates that children should be protected from all forms of sexual abuse and exploitation including pornography and prostitution. This right is specifically enshrined in Chapter 3 of the South African Sexual Offences Act 32 of 2007 (Republic of South Africa, 2007a), which is dedicated to child sexual abuse, as well as in the Children's Act 38 of 2005 (Republic of South Africa, 2005), however no specific mentioned of ISB is made in either the UNCRC or the Children's Act 38 of 2005.

2.4 A REGIONAL FRAMEWORK FOR THE PROTECTION OF CHILDREN AGAINST SEXUAL ABUSE

The African Charter on the Rights and Welfare of Children (ACRWC) (1990) is legislation on a regional level relating to child protection and abuse prevention and will be discussed as it pertains to children displaying ISB. South African signed the ACRWC in 1997 and ratified it in 2000 and are bound to adhere to the requirements of the Charter.

2.4.1 African Charter on the Rights and Welfare of Children

In 1990, the African Union (AU) adopted the African Charter on the Rights and Welfare of Children (ACRWC) and enforced it in 1999. Stemming from the belief that the UNCRC missed important sociocultural and economic realities specific to the African context, the African Union felt Africa's children needed to have their own rights vocalised. Thus, the ACRWC was built on the same principles contained in the UNCRC of non-discrimination, providing for the child's needs, best interests of the child, development of the child and child participation. The ACRWC, also known as the AU Children's Charter, furthermore, highlights and challenges issues within the African

context (ACRWC, 2020) such as traditional African beliefs, child marriages, children born out of wedlock and parental rights towards their children, which are all regarded to be in conflict with children's rights.

In support of the UNCRC, the ACRWC also contains four principles that are supportive of the application of all other sections. The first principle, namely best interest of the child is found in Article 4 and states that the best interests of the child must be upheld and taken into consideration by any stakeholder (ACRWC, 1990). The second principle is that of non-discrimination and is described in Article 3, namely that no child should be discriminated against in any matter. Thirdly, in Articles 4 and 7, the ACRWC focuses on participation and states that a child who is able to form and is capable of expressing their own opinions should be allowed to do so, and that these views should be given due weight, according to the age and maturity of the child. Finally, Article 5 of the ACRWC addresses the child's right to survival and development, including supporting a child's physical, mental, spiritual, psychological and social development (ACRWC, 1990).

According to the African Union, the ACRWC is superior to any custom, tradition, cultural or religious practice that may contradict the duties, obligations and rights stipulated in the ACRWC. Apart from providing a clearer definition of a child, namely that a child is a person under the age of 18 years old, it was also necessary for the ACRWC to outright prohibit children to partake in armed conflict and to point out that girls not only have the right to an education but would also be allowed to return to school after having been pregnant.

There is also a strong emphasis in the ACRWC on eliminating all forms of discrimination against children. The ACRWC calls for the confrontation and elimination of Apartheid and similar systems and its provisions on these matters are still applicable to children living under regimes practicing ethnic, religious or other forms of discrimination. Apart from the focus on non-discrimination, there is also a strong focus on children's rights to care and protection. These rights will be discussed next.

2.4.1.1 *The rights of children to care and protection as enshrined in the ACRWC*

The rights of a child to care and protection is addressed in several articles of the ACRWC and are discussed below, these are important to highlight as children displaying ISB or experiencing sexual abuse may be seen as in need of care and protection.

2.4.1.1.1 *Obligations of states in relation to the care and protection of children*

The ACRWC obligates the state to act towards ensuring that children are cared for and protected. Therefore, Article 20(2) of the ACRWC focuses on the caregivers that are responsible for the care and protection of children (ACRWC, 1990). Although it is the responsibility of the caregiver to take care of the child, this section obligates the state to offer support to the caregiver of the child. This support can be either material assistance or supportive services, to assist the caregiver with child-rearing and build institutions which will assist in providing care for children, and finally to ensure that working parents are supported with care facilities and services. The ACRWC essentially obligates all stakeholders to uphold and ensure all children's rights to care and protection are realised. A child's rights to care and protection can be achieved through the assistance of caregivers with programmes that address material needs and emotional needs through access to resources such as clothing, housing, nutrition, and counselling (ACRWC, 1990).

2.4.1.1.2 *Parental care and protection of children*

Article 19(1) of the ACRWC (1990) stipulates that every child is entitled to parental care and protection and should reside, whenever possible, with their parents. Children can therefore not be separated from their parents, except when statutory intervention in accordance with legislation, is deemed to be in the best interest of the particular child to be placed in alternative care.

Article 20(1) of the ACRWC (1990), also places the burden of responsibility for a child's development and upbringing upon the caregivers responsible for the children concerned. This responsibility also requires that the best interests of the child must always be at the forefront of all decisions. This decision should include, within the

caregiver's ability and financial capacities, providing conditions for development and ensuring that discipline is administered to maintain the child's dignity. When examining Articles 19(1) and 20(1) of the ACRWC (1990) one can determine that when making any decision concerning a child, a caregiver should always consider what the best interest of that child would be.

2.4.1.1.3 Protection of children against all forms of abuse

Article 16(1) of the ACRWC (1990) requires governments to develop and uphold specific legislative, administrative, social and educational measures to protect all children from any form of abuse, trauma or neglect. This may include torture, inhuman or degrading treatment, physical or mental injury or abuse, including sexual abuse. Article 16(2) goes one step further to mandate the state to establish monitoring units for the support of children and those caring for children, as well as for the prevention, referral, investigation and treatment of a child when a child is in need of care and protection (ACRWC, 1990).

In Article 27 of the ACRWC (1990) reference is made to sexual exploitation. The Article stipulates that children should be protected from all forms of sexual exploitation and sexual abuse with specific reference to:

- the coercion, enticement or requirement of a child to engage in any activity of a sexual nature;
- the use of children in prostitution; and
- the use of children in child sexual abuse materials, performances or activities.

It is clear that the underlying principles of the ACRWC is extremely useful in protecting children and those who display ISB and although there is no reference to ISB or children being the perpetrators, the ACRWC principles could be applied in providing prevention, intervention and supportive programmes within all identified sectors.

2.4.1.1.4 The care and protection of children who are removed from their caregiver

The ACRWC, UNCRC and other legal instruments account for the care and protection of children who are removed from their parents. In Article 19(2) of the ACRWC (1990) it is mentioned that every child who is separated from one or both caregivers has the

right to maintain contact with these parents on a consistent basis. Article 25(2) of the ACRWC (1990) further specifies that such a child should be offered special protection and assistance and those children who are without a caregiver or reside in an environment not conducive to their development, should be placed in alternative care until the state reunites the child with their caregivers. Article 25(3) states that this alternative placement of the child should take into account the child's upbringing and factors such as race, religion and linguistics (ACRWC, 1990). As with the UNCRC this Charter obligates all African states to make provisions within their domestic law for these stipulations because children are seen as vulnerable and therefore may require care and protection after being removed from their caregiver.

2.5 SOUTH AFRICAN WELFARE POLICY ADDRESSING CHILD SEXUAL ABUSE

Child sexual abuse (CSA) as indicated in the UNCRC and ACRWC is a child protection issue that should be addressed in domestic policy and legislation in countries that ratified these conventions. In South Africa there are several policy documents and legislation on a national level pertaining to child protection. A discussion of six such examples will follow. These are:

- the White Paper for Social Welfare (1997)
- the National Policy Guidelines for the Handling of Victims of Sexual Offences (1998)
- the Service Charter for Victims of Crime (2004)
- the Integrated Service Delivery Model (2006) and the Framework for Social Welfare Services (2013)
- the National Plan of Action for Children in South Africa (2012-2017)
- the White Paper on Families in South Africa (2013)

2.5.1 The White Paper for Social Welfare

The White Paper for Social Welfare (Republic of South Africa, 1997b) was debated extensively and adopted unanimously by all political parties of South Africa in 1997. The White Paper was seen as the policy framework to restructure post-apartheid social welfare and was founded on a social development approach to social welfare. The key

elements in the creation of a developmental social welfare approach within South Africa are a rights-based approach, economic development, social development, democracy and participation, as well as developing partnerships within social development agencies and bridging the evident divide between those in the country (Patel, 2015).

The White Paper devoted a chapter to children and families. It was recognised in this chapter that within South Africa, families have been drastically affected by past social, economic, and political policies. The previously unfair distribution of resources, social advances, violent sociocultural norms and changes in gender roles have also affected families in modern day South Africa. Factors such as HIV/aids, substance abuse, teen pregnancy, poverty, disabilities, chronic illnesses, marital problems and divorce had redefined household structures in South Africa. Furthermore, families are under constant pressure to fulfil needs and demands that are often unattainable. These societal changes have made families fragile and often unable to survive without community, private and government involvement (Republic of South Africa, 1997b; Patel, 2015).

The family is recognised as the building block of society and to preserve it, the family will be strengthened and promoted through policies and programmes. It would be preferable if a family nurtures, cares for, and socialises its members, however, should social welfare services be required, they need to be flexible, innovative and provide for those who do not have families or whose families are not sufficiently caring for them. The White Paper for Social Welfare (Republic of South Africa, 1997b) further states that developmental social welfare strategies will ensure that all South Africans have adequate economic and social protection and have access to resources and welfare programmes that will improve social functioning and further development (Republic of South Africa, 1997b).

The White Paper for Social Welfare (Republic of South Africa, 1997b) provides guidelines for welfare organisations to render services to children and families. It recognises that families have been affected by past social, economic, and political policies, the unjust distribution of resources, social changes, migration patterns, an increasing violent sub-culture, and changes in men and women's traditional roles (Pistor, 2019). The White Paper for Social Welfare furthermore acknowledges the

diversity of families on cultural, social, and religious levels and also the effect social change may have on family structures (Republic of South Africa, 1997b).

In terms of the protection of children, the White Paper for Social Welfare (Republic of South Africa, 1997b:94) briefly defines child sexual abuse as:

... the involvement of a child, with or without the child's consent, with an adult (or age-appropriate adolescent) within or without the family in sexual behaviour designed for the gratification of the adult or older adolescent who has charge of the child, whether heterosexual or homosexual.

The White Paper then provides the following descriptions for sexual acts, namely, that rape is when sexual behaviour is coupled with violence and force, incest is sexual behaviour that happens within family relationships and is legally forbidden, and molestation is any kind of manual, oral, anal, genital, buttock or breast contact or use of objects for sexual penetration, fondling or stimulation (Republic of South Africa, 1997b:94). It should be noted that ISB is not included, and no reference is made to ISB being a form of child sexual abuse.

In 2016, the Department of Social Development, conducted a review of the White Paper for Social Welfare (Republic of South Africa, 1997b) and recorded an increase in poverty in what they published as The Comprehensive Report on the Review of the White Paper for Social Welfare (Republic of South Africa, 2016a). The review attributed this increase to an increase in population coupled with a lack of economic growth. The review reiterated that families were still faced with the same problems recorded in the White Paper for Social Welfare almost ten years earlier as child protection organisations were struggling to render services (Republic of South Africa, 2016a).

2.5.2 National Policy Guidelines for the Handling of Victims of Sexual Offences

In 1996, the late Minister of Justice, Dr Omar, created a campaign to prevent violence against women and initiated the National Policy Guidelines for the Handling of Victims of Sexual Offences (Republic of South Africa, 1998a). However, despite this piece of policy, the statistics of violence against women have continued to increase over the past 20 years (Cornelissen-Nordien, 2019).

The policy guideline was supposed to support various stakeholders, such as the Department of Health who would allocate medical care to victims of sexual offences and provide medical examinations for children, the Department of Justice who would prosecute such offences if deemed necessary, the Department of Correctional Services, who would provide a place for sentencing to be completed and the Department of Social Development, who would provide therapeutic and statutory intervention to both victims and aggressors. The Department of Social Development and other service providers, such as non-profit organisations, which render services to victims of sexual abuse, were given procedures to guide their intervention.

These guidelines encompassed the sharing of information, the support that could be provided during and before legal proceedings, and the assessments and the roles that social workers play. The guidelines sparked a debate around the extensive increase in violence against woman, which in turn led to a collection of policies and legislation that were developed around sexual abuse of women and children (Cornelissen-Nordien, 2019). It is clear from the above discussion that this policy document provides procedures to guide interventions, including therapeutic intervention for aggressors and victims and that it should thus be appropriate to apply to children displaying ISB. Another policy document pertaining to ISB is the Service Charter for Victims of Crime (2004).

2.5.3 Service Charter for Victims of Crime

The Service Charter for Victims of Crime (2004) was introduced to all necessary stakeholders with the idea of empowering victims of crime by meeting their material and/or emotional needs. The Service Charter for Victims of Crime (2004) lists several rights that crime victims are entitled to and formulates minimum service standards for victims of crime. This Service Standard sets out requirements for services that should be provided to victims when they arrive at public institutions such as courthouses, police stations and hospitals. The departments involved in service rendering to victims are identified in the Service Standards and are the South African Police Services, National Prosecuting Authority, Departments of Health, Justice and Constitutional Development, Social Development and Correctional Services.

The Charter also focuses on protecting the victim from further harm, be it emotional, mental or physical when testifying, by allowing them to testify in camera. The Victims Charter also addresses the types of services to be made available to a victim, such as access to social services, health services, legal support and counselling. An example of a service applicable to a child victim of sexual offences or ISB is the right to testify in camera, thereby protecting the child from facing the alleged perpetrator. As previously mentioned, some authors indicated that South African legislation fails in relation to ISB (Philander, 2018; Cornelissen-Nordien, 2019; Varaden, 2016; Omar, 2010), however policy pertaining to CSA, such as the Service Charter for Victims is applicable in some instances when intervening with ISB. An example of this could be seen in section 5 of the Service Charter for Victims of Crime (2004) where a multi-disciplinary approach to intervention is highlighted as necessary; something appropriate to ISB as ISB in children has been identified as an issue for multiple stakeholders and on various levels (Philander, 2018; Varaden, 2016; Omar, 2010). These multi-disciplinary services should be offered on the following levels of intervention, namely prevention, early intervention, statutory intervention, reintegration and aftercare to victims of a crime and are further explored in the Integrated Service Delivery Model.

2.5.4 Integrated Service Delivery Model and the Framework for Social Welfare Services

The purpose of the Integrated Service Delivery Model (ISDM) (Department of Social Development, 2006) was to develop a comprehensive framework for the implementation of a developmental social welfare approach on a national level, whilst describing social services and providing a foundation for developing norms and standards for service delivery. The ISDM acknowledges that welfare services are the collective responsibility of various stakeholders which include the state, NGOs and private services.

The focus of the ISDM is to empower people and to render services to South Africans identified as vulnerable, including victims of CSA. Contained within the rationale of the ISDM there is reference to an increase in sexual exploitation of children due to a “make-do” attitude adopted by service providers. This attitude could be because of a lack of funds and resources (Cornelissen- Nordien, 2019; Richter & Dawes, 2008). The

ISDM goes a step further to emphasise protection services to children on a prevention, intervention, statutory, reconstruction and aftercare service level. However, the ISDM only refers to sexual exploitation with financial gain as a CSA issue, thereby neglecting any other child victim of sexual abuse (Cornelissen, 2019).

In 2011 the South African government reviewed service delivery and developmental services since the adoption of the White Paper for Social Welfare (1997b) and the Integrated Service Delivery Model (Department of Social Development, 2006). Stemming from the process of reflection they compiled the Framework for Social Welfare Services (Department of Social Development, 2013). Within this Framework for Social Welfare Services, it was found that the roles and responsibilities of the Non-Governmental Organisations, Faith Based and Community Based Organisations referenced in the ISDM (2006) were still applicable for the implementation of the reviewed framework. It was also found that the roles and responsibilities of the national department of social development (DSD), provincial departments, districts and service officers as indicated in the ISDM (2006) were also still appropriate for service rendering in South Africa. The Framework for Social Welfare Services (Department of Social Development, 2013) indicates that services should still be delivered on the four levels of service delivery as indicated in the ISDM (2006).

2.5.5 National Plan of Action for Children in South Africa

The National Plan of Action for Children in South Africa of 2012-2017 (NPAC) (Republic of South Africa, 2012a) provides a holistic framework for the integration of plans and policies by various stakeholders to further and promote the well-being of all children in South Africa. The NPAC builds upon principles enforced by the ratification of the ACRWC and UNCRC, such as the best interest of the child, non-discrimination, the right to survival, the well-being and development, and respect for the views of the child.

The general principle of considering a child's best interests is central and of paramount importance in all matters concerning a child and should be integrated in legislation, protocols, programmes and service rendering. Similarly, the state should ensure that no child experiences discrimination of any kind, based on sexual orientation, race, language, religious practices, political views or other opinions, nationality, race,

ethnicity, disability or status. The NPAC believes the implementation of a child's right to life and development can only be done in a holistic manner. A holistic manner would include a child's right to health, nutrition, security, housing, education and access to a safe environment where children are entitled to opinions in matters concerning them and where these views should be given weight in accordance with a child's age and maturity.

This focus on the rights of the child is in line with international and regional treaties. By ratifying the United Nations Convention on the Rights of the Child (UNCRC), South Africa committed itself to protecting the children of the state. This commitment was further reinforced by the ratification of the African Charter on the Rights and Welfare of the African Child (ACRWC) in 2000. The NPAC further supports a child's right to protection by identifying that every child has the right to protection against abuse and providing a framework for victim support by highlighting the importance of holistic and multi-disciplinary intervention. The NPAC also identifies children who experience child abuse, as vulnerable and goes on to hold caregivers responsible for protecting children against exploitation and abuse but acknowledges that the risk for abuse and exploitation increases when a caregiver is absent.

While all abuse is referenced, the NPAC does highlight that physical and sexual abuse is often perpetrated by someone known to the child (Republic of South Africa, 2012). Although ISB is not explicitly mentioned, statistics included in the NPAC, almost a decade old now, from the South African Police Service (SAPS) report that, "29% of all sexual offences against children involved children under the age of 10 years, 31% between 11 and 14 years, and 40% involved young people between 15 and 17 years old" (South African Police Services, 2010:23). The fact that children may perpetrate sexual offences was thus documented over 10 years ago, as well as the fact that these sexual offences covered was almost a third of documented cases.

Within the NPAC the goal, strategies and national indicators for CSA are specified. The NPAC highlights that the goal is to protect all children from all forms of sexual abuse and exploitation. The strategies contained in the NPAC to reach the goal of protecting children from all forms of abuse include reviewing, developing and ensuring the implementation of national protocols on child pornography, sexual exploitation and child trafficking. This includes working with police, justice personnel, social workers

and teachers. The NPAC also asks for the education of parents, caregivers, children and teachers on digital safety. All of this is done to ensure children receive the necessary intervention and support and that legislative frameworks are in place to protect children from exposure to pornography, which include the manner in which pornography is discarded once it has been used in criminal proceedings (Republic of South Africa, 2012b:65).

These strategies are seen to be appropriate to children displaying ISB if they are referred and also considered to be victims of some form of abuse, however this is only if a child displaying ISB is considered a victim of sexual abuse. Thus, because ISB is not mentioned, the assumption is that children who are ISB perpetrators are not included in this policy. When considering strategies for combating contributing factors of ISB, the strategies highlighted in terms of protocols on child pornography and educating caregivers and children on online safety and child pornography previously mentioned, can be seen within the guidelines of the NPAC and would be appropriate for ISB.

2.5.6 The White Paper on Families in South Africa

The White Paper on Families of 2013 (Republic of South Africa, 2013) focuses on three priorities to guide strategies and interventions to families, namely the promotion of healthy family life, family strengthening, and family preservation. The promotion of healthy family life refers to preventing families from breaking down by promoting community support to ensure families remain strong and together. Family strengthening and preservation refers to giving families resources and opportunities to become stronger and remain together.

The White Paper on Families (Republic of South Africa, 2013) was built on the notion encapsulated in the White Paper for Social Welfare (Republic of South Africa, 1997b) where the point of departure is that a child's well-being is reliant on their family's ability to function effectively. Children are considered the most vulnerable and need to grow up in families who nurture and provide a safe, secure environment that is conducive to a child's development and survival. To provide this environment the White Paper on Families promotes a healthy family life.

A healthy family life is conducive for the development of well-adjusted adults. Harley Rothbart, a renowned parenting expert professor and Vice Chair Emeritus of Paediatrics at University of Colorado School of Medicine and the Children's Hospital Colorado, has outlined eight requirements that children need to become happy and well-adjusted adults (Children's Colorado, 2019). These requirements are that children must be secure and that their basic needs such as, shelter, food, medical care and clothing should be met so that they can feel safe and secure. The second requirement is stability; when a family remains together they can provide a stable household, if they cannot stay together then a child should experience as little disruption as possible. However, it is possible that a community can also provide a stable environment for children, allowing a child to have a sense of belonging and exposure to traditions and cultures. The third requirement is that of consistency; when children's parents are synchronised, they can ensure that children experience consistency. Similarly when children receive positive affirmations these encourage children's trust, respect, independence and boost self-esteem and give children emotional support. The fourth requirement is that of love, Dr Rothbart believes parents should spend quality time with their children where children experience continual love despite times that they may be disobedient, angry, frustrated, or rebellious against their parents. The fifth requirement is that of education, the belief is that children have the right to be educated in a formal institution but also receive "life lessons" and anecdotal education from those who have more experience around them. These life lessons can be achieved through the seventh requirement of positive role models where parents are their children's first example of a role model, instilling their values and forming their children into adults who are empathetic. Finally, the eighth requirement notes that children thrive within a structured environment and so they need rules, boundaries and limits to function effectively.

All of the above requirements are based on the foundational view that everyone needs a family for them to develop, and that the best way to allow someone to flourish and grow is by allowing them to stay within the family. That is why the removal of a child from their family is seen as the last resort according to the White Paper on Families (Republic of South Africa, 2013). If a lack of a healthy family life could be a contributing factor to ISB, it would support the essence of the White Paper on Families in South Africa, namely that promoting and intervening to uphold a healthy family could be seen as an effective intervention strategy to combat ISB.

2.6 LEGISLATION PERTAINING TO CHILD SEXUAL ABUSE

Child sexual abuse in South Africa is governed by a collection of legislative documents pertaining to the victims and the prosecution of these crimes (Artz et al., 2016). These pieces of legislation include the Constitution of the Republic of South Africa 108 of 1996, the Children's Act 38 of 2005 and the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007. In this section a brief overview of relevant sections of the above-mentioned legislation will be provided.

2.6.1 Constitution of the Republic of South Africa 108 of 1996: Section 28 of the Bill of Rights

The South African Constitution is seen as one of the best in the world and serves as supreme law of South Africa. It is seen as a building block in the foundation of democracy in South Africa and protects all citizens' rights in the country. The Constitution upholds the values of dignity, equality and freedom needed for a democratic society. The aim of section 28 of the Bill of Rights in the Constitution is to uphold the political, civil and socio-economic rights of everyone residing in South Africa (Republic of South Africa, 1996).

Sections 28(1)(a) to (h) relate specifically to children and is largely influenced by the foundation laid in the UNCRC (Killander, 2010). Section 28 sets out rights pertaining to children. According to section 28 of the Bill of Rights, a child is seen as a human being under the age of 18 years old and it is seen that the child's best interests are paramount in every matter concerning the child. The Bill of Rights also states that a child has the right to a name and nationality, to a legal guardian, to basic nutrition, shelter, basic health services and social services. Children are to be protected from abuse, neglect or exploitative practices including work or services that are deemed inappropriate to the age of the child involved, or that would put a child's well-being at risk. In line with the UNCRC and ACRWC, the Bill of Rights further encourages children who have experienced abuse to receive appropriate services and that part of rendering effective intervention would be to understand the possible contributing factors that may have led to such abuse. Finally, the Bill of Rights, section (35) allows a child who is the perpetrator in sexual abuse, to have a legal practitioner defend them and request the child to enter a diversion programme, should this be appropriate.

2.6.2 The Children's Act 38 of 2005

The Children's Act 38 of 2005 (Republic of South Africa, 2005) gives effect to the rights of all children in South Africa and is mainly executed by social workers. The aim of the Children's Act is to protect and promote children's rights, uphold their best interest, and provide a voice to children in decisions that impact them. The Children's Act was put into effect in July 2005 and further sections were published in April 2010 after the regulations were finalised. The act is responsible for, amongst other functions, promoting the rights of children and the principles relating to their care and protection as enshrined in the constitution, extending provisions for children's courts and the creation of new offences pertaining to children. Donnelly (2008) finds The Children's Act also acknowledges international treaties that lay the foundation for South African law, such as the UNCRC and ACRWC.

The procedures outlined in the Children's Act are intended to improve circumstances of communities and families who reside in them, so that children may grow up safely and well. The Children's Act further provides for child protection systems and enforcements in line with section 28 that stipulates that all children have the right to be protected against any form of maltreatment, as well as the right to alternative care while maintaining the best interest of the child.

2.6.2.1 *Best interest of the child*

In keeping with principles enshrined in the UNCRC (1989), the ACRWC (1990) and the Constitution of the Republic of South Africa (Republic of South Africa, 1996), section 7 of the Children's Act (Republic of South Africa, 2005) refers to upholding a child's best interests. It states that in all matters concerning a child's well-being and protection, the child's best interest is of paramount importance. Social workers must thus consider the best interest of the child in decisions regarding intervention, protection or prevention provided to the child concerned and their families.

When considering the best interests of the child, social workers should consider the relationship between the child and their respective caregiver, their physical, emotional, social and cultural needs, and the capacity of the parent to provide for these needs. The social worker must consider the means for the child to have contact with the caregiver and extended family but should also consider the need for the child to

develop in a loving family environment. The age, maturity, gender and stage of development of the child as well as any disabilities or chronic illness must also be recognised in all matters concerning the child (Republic of South Africa, 2005).

The stipulation that the age, maturity, gender and stage of development of the child must be considered in all matters concerning the child is especially applicable to intervention with children displaying ISB as the stage of development would need to be considered similarly to the age of a child when determining if criminal capacity is present.

2.6.2.2 Protection from child maltreatment

The Children's Act (Republic of South Africa, 2005) provides a framework for the protection of children from all types of maltreatment, such as abuse, neglect and social harm. Child sexual abuse is a child protection issue which would best be carried out in terms section 150 of the Children's Act. For the purpose of this study the focus is on the definition of sexual abuse. As mentioned earlier in this chapter, the Children's Act states that sexual abuse in relation to a child means:

- (a) sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted;
- (b) encouraging, inducing, or forcing a child to be used for the sexual gratification of another person;
- (c) using a child in or deliberately exposing a child to sexual activities or pornography; or
- (d) procuring or allowing a child to be procured for commercial sexual exploitation or in any way (Republic of South Africa, 2006).

This is the broad definition of sexual abuse within the Children's Act that should be used in matters pertaining to children. If a child displaying ISB were to display such behaviour with another child, then the above definition of sexual abuse may be applied and used specially with reference to (a) "sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted" as this definition does not specify age. However, as this definition focuses on the age of the victim and not on the age of perpetrator, it could not be used when referring to a child displaying ISB when that child is not the victim.

2.6.2.3 A Child in need of care and protection

Section 150 of the Children's Act refers to a child in need of care and protection (Republic of South Africa, 2005). A child is considered to be in need of care and protection if the child is abandoned, exploited, abused and neglected. A child is also considered in need of care and protection if the child lives or is exposed to circumstances that may cause harm to their mental, physical or social well-being, such as when a child exhibits uncontrollable behaviour, abuses substances, lives or begs on the streets and is without access to appropriate psycho-social support. A child may be considered in need of care and protection if the child concerned is a victim of child labour or resides in a child-headed household (Republic of South Africa, 2005). If a child is found to be in need of protection, then statutory intervention may be deemed necessary.

In terms of statutory intervention, several procedures are outlined, such as the facilitation of alternative placements for children in foster or institutional care. However, statutory intervention should be considered as a last resort. When it comes to the intervention for a child, the least restrictive measures are always advocated for (Patel, 2015; Republic of South Africa, 2005). However, according to section 150 of the Children's Act it is possible that a child who displays ISB could be identified as a child in need of care and protection as they may have been exposed to abuse or circumstances which contributed to their ISB. If a social worker would find a child displaying ISB in need of care and protection in accordance with section 150, the social worker would then have a protocol for rendering services in line with statutory intervention. However, as section 150(1) of the Children's Act (Republic of South Africa, 2005) does not recognise a child displaying ISB to be considered as a child in need of care and protection, no such protocol is necessarily available to the social worker.

Any knowledge of the maltreatment of a child is registerable. Section 110(1) of the Children's Act (Republic of South Africa, 2005) dictates that any professional with a reasonable suspicion of child abuse, be it physical, sexual or emotional abuse, or neglect must report their suspicion to a law enforcement organisation, the Department of Social Development, or a designated child protection organisation. The professionals that this section refers to would include, amongst others, social workers,

teachers, mental health professionals, traditional and religious leaders, medical practitioners and those who work at child and youth care facilities.

In practice, and even though this procedure is not referenced or enshrined in legislation, when a child displays ISB, the above-mentioned professionals will have to report the abuse to a child protection organisation (CPO) and the Family Violence, Child Protection and Sexual Offences Unit (FCS) at the local police station. The CPO will need to conduct an investigation to see if the child displaying ISB engaged with other children in ISB and would have to identify potential victims. If the child is found not to be in need of care and protection as stipulated in section 150(1) of the Children's Act (Republic of South Africa, 2005) the child may then need to be considered in relation to the Child Justice Act 75 of 2008 for the possibility of criminal proceedings. Because the Child Justice Act has relevance to children with ISB, this act will be discussed next.

2.6.3 The Child Justice Act 75 of 2008

The Child Justice Act 75 of 2008 (Republic of South Africa, 2008) aims to establish a criminal justice system for children who are in conflict with the law. The act furthermore focusses on providing appropriate sentencing for children who are found to be perpetrators of crime. This act is founded upon the guiding principle of "restorative justice" which addresses the rights of the aggressor and that of the victim and aims to keep child offenders out of prison. Its central concepts are those of restitution, rehabilitation and reintegration of the child perpetrator (Republic of South Africa, 2008).

The Child Justice Act divides criminal offenses into three schedules, with consequences in accordance with the age of the perpetrator and severity of the criminal offence. Schedule One covers what is seen as lesser crimes, such as common assault, damage to property, and possession of illegal substances (in small quantities). Schedule Two includes public violence, robbery, forgery and culpable homicide. Schedule Three includes rape, murder, possession of a firearm, corruption and extortion (Republic of South Africa, 2008).

The Child Justice Act (Republic of South Africa, 2008) outlines minimum standards that need to be adhered to in order to be eligible for diversion programmes, for which all children are considered. The goal is to find a balance between the circumstances

of the child, the type of offence committed, and the welfare of society. Contained within the act, children up to ten years of age lack criminal capacity and may not be prosecuted for committing an offence, whereas children who are aged between ten and fourteen years may possess criminal capacity and those above the age of fourteen are seen to possess criminal capacity and will be prosecuted for crimes they have committed.

The Child Justice Act is therefore imperative in rendering services to children who display ISB under the age of fourteen years. The act allows social workers to classify a child's crime according to the above-mentioned three schedules and then also to determine if a child perpetrator is eligible for a diversion programme (Republic of South Africa, 2008).

2.6.4 Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007

In supporting the UNCRC and ACRWC as well as the Children's Act, the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (Republic of South Africa, 2007a), also known as the Sexual Offences Act, highlights the vulnerability of children. The preamble to the Sexual Offences Act acknowledges that South Africa's current legislation does not deal with aspects related to sexual offences, intervention and implementation of service delivery in an adequate, effective and non-discriminatory manner and that the existing legislation fails to protect victims of sexual offences. The Sexual Offences Act makes provisions for the redefining of rape, broadening sexual violence as a concept, introducing new sexual offences, highlighting sexual offences against children and children with an intellectually disability, and protecting against re-victimisation or secondary victimisation. The Sexual Offences Act also provided for the establishment of the National Sex Offence Register (Republic of South Africa, 2007a).

The legal obligation to report child sexual abuse is enshrined in the Children's Act (section 110) and is further supported by section 54 the Sexual Offences Act (Republic of South Africa, 2007a). The Sexual Offences Act also stipulates that it is mandatory for any individual who may be aware that a sexual offence is being committed against a minor to report such sexual abuse or incident to a law enforcement official. Not

complying with this law could result in an offence for which the offender could be fined and/or imprisoned for a period of up to five years (Republic of South Africa, 2007a). From the above-mentioned literature it is clear that social workers would need to report any cases of ISB in accordance with section 110 of the Children's Act 38 of 2005 and section 54 of the Sexual Offences Act (Republic of South Africa, 2007).

Authors of the Optimus Study (Artz et al., 2016:34) noted that, despite the obligation to report sexual abuse, under-reporting of sexual abuse is prevalent. The view is that social workers fail to report children with ISB because they fail to regard those children as victims, or because children are usually not regarded or identified as perpetrators of sexual crimes. The consequent lack of reporting has proven to create more confusion around the extent and prevalence of this phenomenon.

2.7 CONCLUSION

Within South Africa, the development of a framework to uphold children's rights to care and protection has largely been based on the international UNCRC and the regional ACRWC. The rights are based on the principles of non-discrimination, best interests of the child, survival, and development and participation and these principles are all contained in South African policies and legislation for the care and protection of children. The South Africa Constitution and the Children's Act provide social workers with a framework for child protection. Section 28 of the Constitution gives effect to the Children's Act by enshrining the rights of a child within South Africa.

Yet, despite having been a democratic country since 1994, most of South Africa's people still struggle below the poverty line due to the long-lasting effects of Apartheid and colonialism. These issues directly influence the socio-economic circumstances of the disadvantaged which in turn affect children and their caregivers.

When looking specifically at inappropriate sexual behaviours within the context of existing policy and legislation one would have to acknowledge ISB is often not specifically referenced, especially not in the Children's Act. However, the Child Justice Act does make provision for children that are offenders of sexual offences in relation to the Sexual Offences Act (Republic of South Africa, 2007a). The Sexual Offence Act references not only the perpetrator but also the victim and offers a process to be

followed when determining the level of punishment for the perpetrators of such a crime, for example, if a child displays ISB that could be seen as a sexual offence, such action would be defined and categorised according to one of the three schedules and then be taken through a statutory procedure as part of intervention. However, the fact that a child displaying ISB are not considered in Section 150(1) as a child that *must* be seen as a child in need of care and protection or in Section 150(2) as a child that *may* be in need of care and protection, means that the protocol for the management of these cases is not clear and possibly non-existent (Republic of South Africa, 2005).

The lack of other ISB specific documentation can be attributed to a lack of awareness of this phenomenon and the fact that its impact and growing prevalence has only recently been acknowledged by stakeholders. The lack of reference to ISB could thus pose challenges to professionals such as social workers who must manage and implement services according to policy and legislation. It is furthermore clear that in terms of service delivery social workers must have knowledge about the factors contributing to children displaying ISB. These contributing factors will be discussed in the next chapter.

CHAPTER THREE:

CONTRIBUTING FACTORS TO THE DISPLAY OF INAPPROPRIATE SEXUAL BEHAVIOURS IN CHILDREN WITHIN AN ECOLOGICAL PERSPECTIVE

3.1 INTRODUCTION

The second objective of this study is to identify and discuss the contributing factors to inappropriate sexual behaviours (ISB) in children within an ecological perspective. An ecological perspective allows social workers to view a client within an identified system and to identify various factors on the different levels of the system. By identifying contributing factors within an ecological perspective, recommendations can be made for intervention services rendered by social workers.

South African legislation such as the Children's Act (Republic of South Africa, 2005) and section 28 of the Constitution of South Africa (Republic of South Africa, 1996) and policy documents such as the White Paper for Social Welfare (Republic of South Africa, 1997b), the National Policy Guidelines for the Handling of Victims of Sexual Offences (1998a), and the White Paper on Families (Republic of South Africa, 2013) all focus on protecting children from any form of abuse, including sexual abuse. ISB in children is a social issue that has only recently garnered the attention of professionals working with children. In this chapter, a brief summary on different theoretical perspectives on childhood sexual behaviours would be highlighted and reference would be made to sociocultural influencing factors on children's sexual behaviours. The prevalence and possible causes of ISB will be identified, including historical and sociocultural factors that contribute to the body of knowledge on ISB.

The ecological perspective served as the theoretical framework for this study. According to this perspective the person-in-environment must be examined to recognise the influence of environmental factors in human functioning. By understanding the various contributing factors to ISB on the different levels of the

ecological perspective, social workers will be able to identify appropriate intervention strategies to stop the escalation of such inappropriate sexual behaviours.

3.2 UNDERSTANDING CHILDHOOD SEXUALITY

It is important for social workers to have a good understanding of childhood sexuality, as this knowledge will allow social workers to identify when a child's sexual behaviour deviates from the norm. Previously social workers would not be aware of a child's sexual behaviour as studies of childhood sexual behaviours and development have been hindered by various sociocultural obstacles. An example of a sociocultural obstacle is that there is a tendency to view children as non-sexual and that children are incapable of having a sexual nature due to "romanticised myths of innocence" (Constantine & Martinson, 1981). However, this view of innocence are being disproved with a steady increase in research about childhood sexuality conducted over the last ten years. These studies suggest that children are generally curious about sexual matters and that their sexual knowledge is on the increase as they grow older (South Australia Department of Education, 2019; Philander, 2018; Varaden, 2016; Hackett et al., 2016; Omar, 2010; Friedrich, Brilleslijper-Kater & Corwin, 2004; Brilleslijper-Kater & Baartman, 2000; Schuhrke, 2000; Volbert, 2000).

Freud (1905) laid the groundwork for the idea that children were not non-sexual as previously believed and that sexuality amongst children was normal and natural. He coined the term "infantile sexuality" a psychosexual stage occurring in children from the age of seven years up to the time when they entered adolescence where they would experience repressed or reduced sexuality. Kinsey, Pomeroy and Martin (1948) also supported Freud's theory and stated that children were not non-sexual and that they harboured a curiosity about their bodies which is natural and normal.

More recent literature supports the early work of Freud (1905) and Kinsey et al. (1948). For example, Kellogg (2009) indicated that that there is sufficient supporting research that certain sexual behaviours in children are developmentally appropriate and are seen in all children, such as an interest in one and someone else's body. According to Chaffin, Berliner, Block, Johnson, Friedrich, Louis, Lyon, Page, Prescott, Silovsky and Madden (2008:200), "the intentions and motivations for these behaviours may or may not be related to sexual gratification or sexual stimulation" and that such intentions may

include trying to ease anxiety with masturbation that may be seen as self-calming in nature or attention-seeking behaviour if done publicly. This view is supported by recent literature (Philander, 2018; Varaden, 2016; Omar, 2010; Kellogg, 2009).

3.3 THEORIES ON CHILD SEXUAL DEVELOPMENT

Theories on child sexual development spans many decades. As early as the 1900s there was an exploration of sexual arousal in utero (Ryan, 2000a; Ryan, 2000b) and from these studies, O'Sullivan and Meyer-Bahlburg (2003) concluded that children are born with the capacity for sexual arousal. While children have the ability to be sexual beings at a young age there are several theories which state that a child will learn when to express these behaviours according to what they see and the different systems they engage with, such as families, schools and friendship groups. Varaden (2016) and De Graaf and Rademakers (2006) found that as children grow older, they become more socially informed about appropriate and inappropriate sexual behaviours and more inhibited about displaying such behaviours in public.

There is a need for social workers who render services to this target group to have knowledge about some theories on child sexual development and ISB. Social workers should be aware that these theories demonstrate the presence of sexual behaviours in children as learned behaviours stemming from their own interaction with systems such as their families, community and society. This section will identify and discuss theories that believe ISB is a combination of numerous factors.

3.3.1 Behavioural and socio-behavioural theories

The social learning theory research identified that children emulate adult behaviour. Bandura (2001) argues that sexually delinquent behaviour emerges because of behavioural conditioning and learning. The social learning theory suggests that children learn socially acceptable behaviour from those around them, the same principle is then applied to sexual expression, where inappropriate or criminal sexual behaviour may also be learnt from people around children. According to Bandura (1961), children see aggressive doings such as community violence and physical altercations on a daily basis, both in the media and committed by those in their communities. These acts, usually reinforced by messages on television and through

gaming, could have a desensitising effect on children and may indirectly condone violence.

A study conducted in 2005, the National Youth Victimization study, found that the youth of South Africa is highly exposed to various forms of violence within the home environment (Ward, 2007). Exposure to violence has been found to have a negative impact on a child's behaviour and social skills (Philander, 2018; Varaden, 2016; Omar, 2010; Kellogg, 2009; Chaffin et al., 2008; Richter & Dawes, 2008). Caregivers and guardians are seen to be the primary role model for socialising in children (Thompson, Simpson & Berlin, 2021). Therefore, socio-behavioural theorists argue that parents and caregivers who act violently in front of their children cause their children to emulate this later in life.

Bandura goes a step further to state that by being exposed to and in effect learning about aggression, children would be willing to display aggression when given the opportunity. Social cognitive theory supports that ISB can be learned by proposing a "triadic reciprocal causation," in which behaviour, personal determinants, and environmental influences all interact to determine behaviour (Bandura, 1977). An example of triadic reciprocal causation in a child who displays ISB would be a child whose behaviour is already one of impulsivity (behaviour) combined with a history of sexual abuse (personal determinants) who is then placed in an environment with little supervision (environmental influences). These three factors could result in "triadic reciprocal causation" causing a child to display ISB.

However the social learning theory does not consider an individual's differences, nor does the theory attempt to explain cognitive developmental changes (Varaden, 2016; Omar, 2010). For example, if two children of different ages are presented with the same stimulus, such as exposure to pornography, would they model the same behaviour? Theorists suggest that it is unlikely that such stimuli would be interpreted in the same way by both individuals. Therefore, theorists suggest that there could be a multitude of factors, not just a single one, that could contribute to acting out learned delinquent behaviour or sexual behaviour (National Center on the Sexual Behavior of Youth, 2010).

3.3.2 Psychoanalytic theories

Psychoanalytic theorists emphasise early childhood experiences for their impact on behaviour later in life. Freud (1962), the father of this theory, believed that people carry their greatest childhood emotional attachments and that these influence interpersonal relationships (Siegel & Senna, 2010). Later, a derivative of this Freudian theory states that crime stems from a mental illness, and individuals who commit a crime are sick and in need of treatment (Omar, 2010).

Bowlby, Fry, Ainsworth and the World Health Organization (1965) found that problematic behaviour in children was not inherited, rather its root cause could be traced to attachment difficulties in early childhood. Bowlby's theory of attachment was founded on human attachment. Bowlby suggests that new-born infants have verbal and non-verbal ways of communicating through crying, smiling and clinging and that the mother provides a secure base for exploration. Cassidy (2013) supports this and notes that as an infant feels more secure, they move away from the mother to explore more of the world.

Barkan (1997) argues that psychoanalytic theories are limited in understanding crime in that social factors are ignored in favour of early childhood experiences which are overemphasised. Barkan continues that research relies on case studies of individuals undergoing treatment or on offenders who are in mental hospitals or imprisoned, and that these subjects are not representative of problematic behaviour in children as a vast majority of such children are neither institutionalised, nor receiving treatment (Omar, 2010).

Bowlby et al. (1965) and Ainsworth (1969) determined that those who do not have secure attachments in infancy may lead to adults with a collection of intimacy-related problems. These attachment styles may result in adults with sexually abusive or deviant behaviours (Omar, 2010). Anxious-ambivalent and avoidant style adults may avoid intimacy out of fear of being deserted. Children with anxious-avoidant attachment styles may not be inclined to develop relationships due to a dismissive caregiver. Some may even display hostile feelings towards other women who may unintentionally represent their disinterested mother. Some adults with deviant attachment patterns seek to develop intimate relationships with children, these children are less intimidating

than their peers, resulting in inappropriate sexual relations (Philander, 2018; Varaden, 2016; Omar, 2010; Van Niekerk, 2004; Papalia, Olds & Feldman, 2004).

The most frequent criticism of psychoanalytic theorists is that they are too deterministic in nature and do not account for change later on in life (Barkan, 1997). A further argument is that psychoanalytic theories cannot be tested. However, Friedrich (2007) found in his research on child sexual abuse that most of the time an insecure parent-child attachment (rejection, role reversal/parentification, and fear/unresolved trauma) is found in the dynamics of families characterised by sexual abuse.

3.3.3 Life cycle theory

The life cycle theory, proposed by Erik Erikson has a central Freudian undertone (Marcia, 1980). With this theory Erikson included the cultural and social aspects into Freud's drive-oriented theory. Erikson's model is described by using terminology like the bio-psycho-social theory where "bio" refers to the biology of the individual, "psycho" to the psychological make-up and "social" to the context in which these cultural and social aspects are found.

Erikson's model is considered to be one of the most crucial contributions to the comprehension of the human personality and how it develops. Erikson's human development cycle consists of eight stages of crises through which an individual must progress (Samsanovich, 2021; Marcia, 1980). These eight stages of crises follow a consecutive order, although an individual can regress and move between these stages in a time of crisis. Erikson proposed that the more successfully an individual resolves each crisis, the better they are orientated to deal with future challenges. He goes further to state that irrespective of past experiences every person has the capacity to grow through therapy or a compassionate relationship (Omar, 2010). Erikson believes that therapeutic interventions could thus be appropriate when empowering a client to grow. The proposal that every person has the capacity to grow is an aspect of Erikson's model that applies to social workers who therapeutically intervene with children who display ISB in order to help children grow both mentally and emotionally as per the life cycle theory of Erikson.

3.3.4 Sexual abuse cycle theory

The sexual abuse cycle theory is a popular theory, even though it lacks research-based evidence and postulates that victims enter a victim-victimiser cycle of abuse. Glasser, Kolvin, Campbell, Leitch and Farelly (2001) contend this theory and found that only a small amount of males perpetuate the pattern of victims becoming victimisers. It could be argued that the cycle of sexual abuse is only referenced when a perpetrator discloses his previous victimisation. Hilton and Mezey (1996) describe this progress from being the victim to becoming the victimiser and while data supports the pattern of sexual abuse from victim to victimiser in male aggressors there is no empirical evidence to support this for child perpetrators (Philander, 2018; Varden, 2016; Omar, 2010).

3.4 BRONFENBRENNER'S ECOLOGICAL PERSPECTIVE OF THE CHILD

Bronfenbrenner's ecological perspective of the child has received considerable attention in recent years and is regarded as the best perspective to apply to the South African context because it allows for all levels and areas of society to be examined. This is also the best way of viewing the phenomenon of ISB in particular (Omar, 2010). Bronfenbrenner's recognition of environmental influences on a person's development acknowledges that environments are constantly changing. Bronfenbrenner's model of development is continually evolving and is known as the bio-ecological model that accounts for an individual's genetic potential in addition to the environmental influences on the individual's development (Tudge, Navarro, Merçon-Vargas & Payir, 2021; Bronfenbrenner & Ceci, 1994). Hook, Watts and Cockcroft (2002) highlight important concepts in child development as seen through Bronfenbrenner's (1979) model. These concepts are the importance of the environmental context when looking at a child's development, the focus of the parent-child relationship, and the notion of ecological interactions. Ward (2007) and Cole and Cole (2001) draw on Bronfenbrenner's model and believe that violence in children can only be addressed by considering the context in which children develop. These authors all concur that it is helpful to view a child's development as functioning within an ecology of nested levels or systems, for example, family and school within the greater community and environment. Bronfenbrenner's ecological perspective refers to four systems (or levels), namely the macro-, exo-,

meso- and microsystem. These systems are depicted in Figure 3.1. and discussed below.

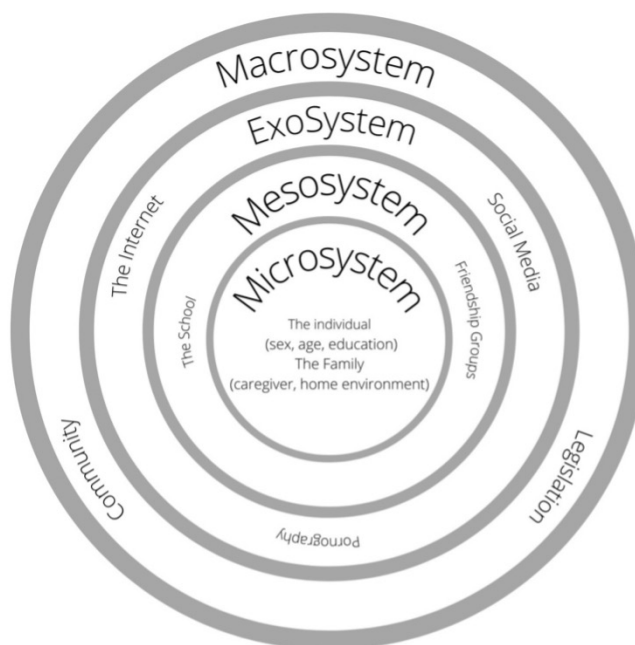


Figure 3.1: An adapted diagram of the ecological perspective

(World Health Organisation, 2018).

The microsystem focuses on the individual's cognitive abilities, age, gender, social skills, behaviours and values. It is in this system that a child's development is influenced by the child's interaction with other elements consisting of systems or people in the immediate environment as well as interpersonal systems consisting of the family and the home environment. The mesosystem holds the interactions between the microsystems where the one system influences the other as well as the schools and the friendship groups of the child. The exosystem entails those contacts to which the child has limited access but that continue to have an influence on the child's life, such as social media and the internet. Finally, there is the macrosystem, which relates to socio-economic factors, government policy and cultural and societal attitudes, and how these impact and influence the other systems.

Bronfenbrenner's ecological perspective highlights that a person is influenced by many different factors within the systems this person interacts with. Applied to children who display ISB, many contributing factors have been noted by various authors. Varaden (2016) and Omar (2010) noted individual characteristics of children, such as age, gender and cognitive abilities, which had alone, or through interaction with the

environment, contributed to the development of ISB. The literature about individual characteristics of such children shows considerable deviation in terms of their age, background experiences and motivations (Finkelhor, Ormrod & Chaffin, 2009). According to Johnson and Aoki (2014) children may become sensitive to trauma and begin responding to the effects of trauma by becoming aggressive and experiencing sexual arousal. Booyens (2003) feels the need to acknowledge the characteristic of gender. Children may also develop poor coping mechanisms and struggle to control their thoughts and sexual urges. A South African study by Van Niekerk (2004) concluded that male children who present with ISB have limited self-esteem, and struggle to express and manage their feelings.

Children who display ISB form part of a heterogeneous group, which means social workers' prevention and response to these children's behaviours need to consider their differences. Many factors have been identified, including exposure to sexually explicit material, age, gender, history of abuse, exposure to violence in the home or in the media, cognitive abilities and family stability (Hackett et al., 2016).

Hackett (2014) believes that it is possible to identify some similarities in the characteristics present in the backgrounds and presentation of children with ISB but that there will be some diversity that professionals should take into account. It is widely recognised that no one-size-fits-all route of development exists for children who display ISB, rather, it is a multifaceted process with a culmination of factors, including socio-economic status and culture (Glenny, 2019; Hackett, 2014; Rich, 2011; Caldwell, 2002). If social workers can identify contributing factors, then they could intervene in various identified areas of concern and on various levels of the ISDM (2006) and so possibly prevent the presence of ISB in children.

According to Rosen and Rothbaum (2002), children's behaviours can be changed and impacted by cultural expectations. The theoretical framework of the ecological perspective is concerned with the interaction and relationship between a person or group of people and their respective environments. It is based on the acknowledgement that because individuals, families, groups and communities interact with their environment they are shaped by them. In this study, existing literature on ISB was reviewed and applied to Bronfenbrenner's ecological model to determine possible

contributing factors to children displaying ISB on the different levels of this perspective within a South African context.

3.4.1 The microsystem

Bronfenbrenner's ecological model is one of nested systems. The first of these systems is identified as the individual or the microsystem. This is a system which has biological, psychological and social systems at its centre (Zastrow, Kirst-Ashman & Hessenauer, 2019). Cole and Cole (2001) argue that the first level or microsystem influences how a child responds and engages in other contexts and that this affects their development. As is seen in Figure 3.1, contributing factors in the microsystem are focused on the individual at the first level of intervention (Bronfenbrenner, 1979), which, for the purpose of this study would be children who display ISB.

3.4.1.1 *The individual*

Possible characteristics of the individual or the child that displays ISB may include age, gender and cognitive abilities. The individual encompasses the child's development, personality and behavioural factors that interact with the greater environment and may contribute to the possibility of children engaging in ISB (Ward, 2007). The contributing factors that could influence the display of ISB in the individual are age, gender, cognitive abilities and education, lack of social skills, prior victimisation and values and beliefs, which will be discussed in the following section.

(i) Age

Age refers to the span of years during which some event occurred, or the length of time that a person has lived or has existed. When we refer to age within the ecological perspective, we can refer to age as an indicator of a behaviour or a developmental phase.

In terms of age and ISB, research on other countries conducted by Shaw (1999) and Hoghughi et al. (1997) found that internationally child offenders of sexual abuse were usually 14 to 15 years of age, but that children as young as five years old had perpetrated sexual crimes too. In Taylor's (2003) United Kingdom study, the average age that a child was first reported for ISB was 11½ years. Despite various studies (Philander, 2018; Varaden, 2016; Omar, 2010; Miner, Swinburne Romine, Robinson,

Berg & Knight, 2010) conducted on age differences between victim and perpetrator in ISB cases, no research has been conclusive in determining if age plays any role in a child displaying ISB.

Research on children displaying ISB within South Africa is sparse and almost no research has been conducted on age being a contributing factor to ISB. Vanzant (2004) estimated almost 20 years ago that 42% of sexual offences reported to Childline SA, were committed by other children. Booyens (2003) found less than half of all sexual assaults against children in South Africa were committed by children younger than 13 years of age. These children were therefore categorised as displaying inappropriate sexual abuse. More recent research of Philander (2018) and Varaden (2016) still reference outdated statistics.

(ii) Gender

Gender refers to either of the two sexes, namely male or female, especially when studied with reference to social and cultural differences rather than biological ones (Oxford Dictionary, 2021). Gender is often referenced as an important factor in determining the risk for children displaying ISB as many believe that male children are more likely to engage in ISB than females. However, this is an oversimplified assumption because data indicates that females also engage in ISB (Hackett et al., 2016) and that females are often not reported for ISB as it is not regarded as being as such an issue. This has been the case both internationally and locally. Multiple studies report that professionals are also more likely to deny or minimise ISB displayed by females (Hackett et al., 2016; Mellor & Deering, 2010; Scott & Telford, 2006; Denov, 2001).

In England, recent research found that just over a quarter of areas surveyed, demonstrated an increase in child-on-child abuse cases, where over half of the victims were male, younger people with learning disabilities, or younger children. In Wales, an increase in female victims and young people with learning disabilities was recorded (Hackett et al., 2016). Based on data by the National Incident-Based Reporting System in the United States, Finkelhor et al. (2009) concluded that 7% of the perpetrators who committed sexual abuse in 2004 were females. In Australia there is no data for such a large sample of children but given the general comparability between Australia and the

United States as well as the United Kingdom, Finkelhor et al. (2009) believe it is likely that male children commit the bulk of child sexual abuse in Australia as well.

It is also becoming clearer that female children are just as capable of ISB as their male counterparts. However, research is limited and reported prevalence varies from 2.6% to between 8 and 12% (Ryan, Miyoshi, Metzner, Krugman, & Fryer, 1996; Kubik, Hecker & Righthand, 2002; Taylor, 2003; Johansson-Love & Fremouw, 2006; Hickey, McCrory, Farmer & Vizard, 2008; McCartan, Law, Murphy & Bailey, 2011). Studies in the United Kingdom indicate that female children are less likely to have been convicted for ISB and tend to be younger in age (Kubik et al., 2002). A South African study conducted by Wild (2004) revealed that female youth, albeit less frequently, also engage in sexual offences.

While research typically shows that twice as many females are abused as males, most children displaying ISB appear to select either male or female victims (Hackett et al., 2016; Manocha & Mezey, 1998; Dolan, 1996). Although gender and its influence on ISB in children in South African research has not been extensive, the above discussion shows that it can be displayed by male and female children and that perpetrators are inclined to select either a female or male to abuse.

(iii) Cognitive abilities and education

Cognitive ability refers to one's capacity for carrying out mental processes, such as problem solving, adaptation, understanding, rationalising, knowledge retention, abstract thought, and making connections (Newman & Newman, 2020; Flavell, 1999). Cognitive abilities are an important factor in determining the risk of ISB in children as a lack of well-developed cognitive abilities is indicated in literature as a possible factor to a child presenting ISB. O'Brien and Bera (1986) found that children with cognitive disabilities were often involved in ISB. Other evidence that are also almost 20 years old, suggests that a significant portion of young people being referred for ISB to service providers in the UK have learning disabilities (Masson & Hackett, 2003).

Booyens (2003) found in his research that children who display ISB were not intellectually smart and lacked good verbal skills. Quinn's (1999) research indicated that children with cognitive disabilities have challenges in developing social skills, in understanding personal boundaries, and in grasping what is harmful to someone else.

According to Quinn (1999) all these aspects can increase the risk of ISB. Other authors (Siegel & Senna, 2010; Booyens, 2003; Bartollas, 1997) believe children who engage in ISB share a common trait, namely a lack of education on authority and understanding the importance thereof, specifically in school environments.

Although research has shown evidence that cognitive abilities could be a contributing factor to ISB, such research is outdated, and no new studies have been done to confirm or refute the above-mentioned dated findings.

(iv) Social skills

Social skills is the capacity to engage in interaction, communicate with others where rules and boundaries are applicable, and to be able to communicate and adjust in verbal and nonverbal ways. When referring to social skills in children it has been acknowledged that children have the ability to read nonverbal and verbal cues within interactions with others and adjust or react appropriately (Philander, 2018). But authors note that children who engage or display ISB often lack social skills. According to literature (Varaden, 2016; Omar, 2010; Booyens, 2003; Araji, 1997; Cunningham & MacFarlane, 1996; Taylor, Walton & Young, 1973) many children who go on to sexually abuse other children state that they were bullied at school and have limited social skills. Booyens (2003) goes further and indicate that these children are withdrawn and live-in social isolation. Prentky, Lee, Lamade, Grossi, Schuler, Dube, Demarco and Pond (2014) confirm the above-mentioned finding that children displaying ISB lack social skills and show an emotional detachment from their family members or people in general.

Within the South African context, Van Niekerk (2004) indicated that male children who presented with ISB had limited social skills. While a lack of social skills has been indicated in literature over the years as a factor in displaying ISB, there are no current research in South Africa on the lack of social skills in children and its contribution to the display of ISB in children.

(v) Prior victimisation of children with ISB

Prior victimisation of children refers to any previous experience of victimisation perpetrated by a different individual and occurring after an initial incident of abuse

(Philander, 2018; Omar, 2010; Barnes, Noll, Putnam & Trickett, 2009). There is consensus from authors that prior victimisation can be seen as a contributing factor to ISB (Philander, 2018; Kellogg, 2009; Booyens, 2003; Hoghughi et al., 1997; Polusny & Follette, 1995).

A study conducted by Gray (1999) on children who display ISB, found that most of the children had widespread abuse histories. Several authors confirm that ISB may be a direct consequence of a child's history of sexual abuse or may represent a more complex and indirect response to trauma and neglect (Philander, 2018; Varaden, 2016; Kellogg, 2009; Booyens, 2003; Hoghughi et al., 1997; Polusny & Follette, 1995). In South Africa, Naidoo and Sewpaul (2014) found that young male children who sexually abused others had a history of being exposed to some or multiple types of abuse, be it sexual, physical, emotional and/or neglect. This view is in line with research done over almost 20 years. Studies demonstrate that children who are victims of sexual abuse may exhibit more ISB than children who have not experienced sexual abuse (Varaden, 2016; Artz et al., 2016; Friedrich, Olafson & Faller, 2007; Putnam, 2003).

In contrast to the above literature, Faust, Bridges and Abern (2009) argued over a decade ago that sexualised behaviour in children should not be seen as an indicator of abuse, but that children may seek attention, affection and comfort that the closeness of sexual behaviour offers. However, there is currently more evidence to support that a history of abuse contributes to ISB than there is to the contrary.

(vi) Values and beliefs

Values are a culture's standard for discerning what is good and fair in current society. Values are deeply embedded within a person and are often in line with a person's beliefs. Beliefs are the principles or convictions that people hold to be true (Merriam-Webster Dictionary, 2020).

Internationally some studies and research about values and beliefs and the relationship with ISB in children have been done. Thigpen, Pinkston, Mayefsky and Bancroft (2003) hold the notion that religious beliefs influence sexual behaviour and how sex is viewed. De Graaf and Rademakers (2006) believe that cultural values and beliefs influence what sexual behaviours are acceptable and appropriate in young children. Research within a South African context on ISB and the contribution of values

and beliefs, has however, not been conducted. Thus, even though international literature shows that values and beliefs can influence the way ISB is viewed, there is currently no supporting literature in South African to support such a finding.

3.4.1.2 The family

When examining children within the ecological perspective of Bronfenbrenner one sees that children are nested within microsystems of which the family is a perfect example. These systems are ones in which the child is continuously involved with people they know. Relationships in the microsystems influence a child's development and illustrate the importance of relationships between parent and child, with teachers, and with friends, in a child's development stages (Philander, 2018). Regarding these relationships, Bronfenbrenner built on the works of theorists Ainsworth (1969) and Bowlby et al. (1965), who argued that attachment was vital for a child's development and that this bond, which was not present at birth, developed through interaction (Rosen & Rothbaum, 2002). For example, some important microsystems for young people may include the interactions between parents, family members and the home environment. These systems and the relation in contributing towards a child's ISB, will be explained below.

Within the microsystem the family plays a vital role in creating the ideal environment for socialising and continues to influence this process into adolescence. As noted by Ward (2007) there are certain risk factors within a family that may contribute to ISB, including the presence or absence of a caregiver and supervision, lack of routine, domestic violence, the size of the family, and discipline practices. All the above is evidence of the role that families play in the development of children and consequently in their behaviour. Children often model behaviour shown by their families, whether positive or negative as indicated according by the social learning theory. If the child's family is modelling violence to resolve conflict, then the child is more likely to emulate this. While some children become more aggressive after seeing their families being violent it cannot be concluded that this tendency will be impleord by all children. Within the microsystem the following possible contributing factors will be discussed within the family system and the home environment namely, the presence or absence of a caregiver or guardian, a lack of privacy, and placement in a children's home.

(i) Presence or absence of caregiver or guardian

When focusing on the presence or absence of a caregiver as a factor, it is important to define who caregivers are. According to De Lannoy, Swartz, Lake and Smith (2015) caregivers are:

- grannies, aunts and other relatives who care for the child with the consent of the child's parents or guardian;
- foster parents;
- caretakers that offer temporary safe care;
- the head of a shelter or child and youth care centre;
- child and youth care workers supporting children in the community; and
- children (of 16 years and older) heading a child-headed household.

The presence or absence of a caregiver or guardian could be a factor contribution to the display of ISB. Similarly, children who live in a household with access to child sexual abuse materials or pornography with little supervision, are also more susceptible to engage in sexual play (Kellogg, 2009). These contributing factors were chosen as literature suggests that children who display ISB may have experienced parental separation (Philander, 2018; Varaden, 2016; Roestenburg & Oliphant, 2008; Booyens, 2003; Gray, Busconi, Houchens & Pithers, 1997; Kendall-Tackett, Williams & Finkelhor, 1993). While Hackett et al. (2016) and Varaden (2016) believe that children who experience changes in their primary carer, which may include periods of being placed in alternative care, could be seen as contributing to ISB, Fargo (2009) is of the opinion that youth being left unsupervised is an indicator for victimisation. As an absent caregiver is seen to contribute to ISB, some authors highlight the need for a positive attachment relationship as proposed in attachment theory and the importance of this when working with, and understanding, the cause of sexual offending (Philander, 2018; Creeden, 2009; Anda, Felitti, Bremner, Walker, Whitfield, Perry & Giles 2006; Weiss & Wagner, 1998; Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards & Marks, 1998; Kendall-Tackett & Finkelhor, 1997).

In South Africa it is common to have only one caregiver or for children to be placed in formal and informal care with others (Mkhwanazi, Makusha, Blackie, Manderson, Hall & Huijbregts, 2018). Artz et al. (2016) found that the absence of a caregiver, whether

figuratively in the sense that the caregiver may be there but provides no support or input, or when the caregiver is physically not present due to factors such as being hospitalised, employed in other places, or in rehabilitation, the caregiver's absence could lead to a lack of supervision and create more opportunities for sexual abuse and ISB to take place. Nearly a decade earlier, Kellogg (2009) highlighted that an absent caregiver would also provide opportunities for children to access pornography and to engage in ISB.

International and South African research, of which the latter is limited, shows the impact that the lack of a caregiver or guardian may have in contributing to ISB in children, either because the caregiver does not provide a stable relationship or because by being absent, opportunities are provided for ISB to be engaged in (Varaden, 2016; Artz et al., 2016; Hackett et al., 2016; Kellogg, 2009). An absent caregiver would also contribute to a lack of attachment between children and caregivers which may result in them growing up into adults with sexually abusive or deviant manner (Varaden, 2016; Omar, 2010). From all the above literature referenced, one can see that an absent caregiver provides opportunities for children to engage in ISB and is therefore a possible contributing factor.

(ii) Witnessing violence

Families of children displaying ISB are widely described as dysfunctional. Dysfunctional households are categorised as dysfunctional when intimate partner violence is common within the home. Authors are of the opinion there is a strong link between children witnessing intimate partner violence and them experiencing abuse, neglect and ISB (Philander, 2018; Varaden, 2016; Omar, 2010; Kellogg, 2009). Literature suggests that the home situation of children who display ISB has elements of domestic violence, parental separation, and other forms of neglect and abuse (Philander, 2018; Varaden, 2016; Omar, 2010; Roestenburg & Oliphant, 2008; Heiman, 2001; Booyens, 2003; Gray et al., 1997; Kendall-Tackett et al., 1993). Children who grow up in families where domestic violence is experienced sometimes believe that such a situation is normal. Fargo (2009) identified the childhood family environment as a significant predictor of child sexual and physical abuse. Fargo found that having parents who used weapons against each other or who would hit one

another or having a mother with a mental health or drinking problem, could all be indicators for victimisation (Fargo, 2009).

Little research has been done in South Africa on a possible link between witnessing violence and ISB, however previously mentioned literature, albeit international, indicated a correlation between ISB and a child witnessing violence. Applying this international literature to South Africa, where there is a high prevalence of gender-based violence (Pistor, 2019), one can deduce that witnessing violence is a possible contributing factor to ISB in children, present within South Africa.

3.4.1.3 Housing environment

The housing environment refers to what takes place within the home where the child resides. Kellogg (2009) found that a child's home environment could have an influence on them displaying ISB. It is believed that children who are raised in homes in which there is family nudity, less privacy when dressing, where family members bathe together or in which there are sexual activities not conducted in private, they are more likely to engage in ISB themselves (Friedrich, Fisher & Dittner, 2001).

Finkelhor et al. (2009) noted that it is not the people who form the family that increase this risk, but rather the features that accompany specific family structures. For instance, according to Finkelhor et al. (2009), children, who are part of families with extended family members, such as stepfamily members and partners of family members, may be exposed to more unrelated and perhaps predatory or aggressive people. This could simply be because there is a larger social network due to a parent that is dating frequently, or because the family end up moving to other places more often. In South Africa, Artz et al. (2016) found that where households have a higher sleeping density, for example where one room is being shared by all, the likelihood of sexual abuse is higher. Richter and Dawes (2008) state that the opportunity for sexual abuse to take place within a home is intensified by a lack of resources to support and fulfil the legal frameworks that are available to try and combat this, such as inadequate housing or regulating limits on how many people are housed together. Nkosi, Hama, Naicker and Mathee (2019) found within South Africa there is a significant shortage in the supply of housing which has resulted in widespread overcrowding, especially in more disadvantaged communities.

3.4.2 The mesosystem

The mesosystem goes one step forward in Bronfenbrenner's model and addresses the relationship and influence between microsystems. Mesosystems may represent interactions between schools and peer groups and the child displaying ISB. Mesosystems represent the interaction of any two microsystems for a given individual. These interactions between systems could be the contributing factor to changes in the development of a child. For example, a negative home environment could be the reason for a bad school performance. The same could be said for why a child chooses to engage in antisocial behaviour to gain acceptance from their peers when they experience a turbulent home life. Socio-economic conditions that allow for poverty will impact what the ecosystem can make available in terms of resources such as health and social services. While there is no direct link between poverty and violence, it can be seen as a contributing factor to crime, violence and substance abuse. Ward (2007) continues this line of thinking by stating that a risk in one system may affect the level of risk in others. Two systems identified on the meso-level, namely the school and peer groups, will be discussed, while highlighting how these systems may contribute to ISB in children.

3.4.2.1 School

A child's school is a system in which the child is socialised, it is also an institution where children spend a significant portion of their life. Literature indicates that if there is a positive relationship with teachers and peers at school, then the child is likely to display socially acceptable behaviour, while absenteeism and poor academic progress seem to be contributing factors to ISB (Hackett, 2014; Omar, 2010). Other aspects that are seen in literature as contributing towards ISB in children is the setting of the school as well as the sexual education offered at school.

(i) School environment

Lloyd, Walker and Bradbury (2020) found that in the United Kingdom ISB between students at school often happened in places that were unsupervised. Mitchell (2010) established that a safe environment, for instance having an open door policy and having classroom doors with windows in them so people can easily see what takes place inside the classes, are ways of increasing visibility to create a safe environment

free from sexual abuse (Magwa, 2013). Kocturk (2020) reported that there were school settings where teachers and peers had access to children to engage in sexual activities such as viewing pornography, exhibitionism, voyeurism and sexual intercourse.

The Optimus study conducted by Artz et al. (2016) in South Africa found that a high portion of child sexual abuse (CSA) cases occurred within the school setting, where the perpetrators were schoolmates or friends. Artz et al. (2016) indicated that sexual abuse and ISB within the school context was also a serious issue that had to be addressed by the South African education system (Artz et al., 2016) as the education system should acknowledge any vulnerabilities and should also be able to see where resources can be allocated in order to negate them.

(ii) Sexual education within a school

Globally, schools incorporate some form of sexual education in their curriculum, some go further to include primary prevention programmes for CSA within this context too. Evidence suggests that children and young people who are specifically educated about online pornography during sex education classes are less likely to be negatively influenced by online pornography than those who have had no lesson on the topic (The Expert Group of Scotland, 2020). Sexual education is often incorporated into schools as a prevention programme, and some reviews of these programmes report favourable outcomes for children, including an increase in self-awareness, protective skills and understanding elements of sexual abuse, such as “appropriate” or “inappropriate” touching (Fry, 2015; Walsh, Zwi, Woolfenden & Shlonsky, 2015).

In South Africa, the Department of Education introduced education on sexuality in 2000 as part of the compulsory subject of Life Orientation to ensure that students got factually correct information on sex, sexuality, gender and relationships. However, this curriculum explicitly states that it is not considered to be “sex education.” This would indicate that the primary focus of the Life Orientation classes is not to educate children on sexual education but rather on certain aspects of sexuality. Authors also stress the importance of tailoring sexual education and prevention programmes to fit the context and audience at whom they are aimed. However, many of these programmes are from high-income countries with references and frameworks that South Africans cannot identify with (Fry, 2015; Mikton & Butchart, 2009; World Health Organization, 2016;

Walsh et al., 2015), making these programmes difficult to implement within the South African context.

3.4.2.2 Peer group

Peer group refers to children and youth of relatively the same age, who engage in activities and share common interests (Varaden, 2016). Little research has been conducted on the relationship between ISB and the child's peer group. While family and school can be an influence on a child's socialising ability, their friendship group also plays a role. Children who associate with peers that engage in deviant behaviour are more likely to emulate such behaviour, whereas those who interact with morally sound peers are less likely to engage in delinquent behaviour (Ward, 2007). This delinquent behaviour is often fuelled by a need to be accepted and approved by their peers (Artz et al., 2016). Omar (2010:50) believes that a child's peers should be "accorded as much weight as the family and school."

Within South Africa it is noted that a child's peer group could be seen as encouraging a child to engage in ISB involving pornography and acting out on one another sexually (Artz et al., 2016; Omar, 2010).

3.4.3 The exosystem

The exosystem alludes to areas which the child may have limited direct interaction with but that nonetheless affects them. This level would include media and the greater community, specifically the social sphere and personal relationships within this community. With a rise in access to media and the ability to form relationships and share information via various platforms, children often have access to violent and illegal material. As this study focuses on the culmination of influences that result in a child engaging in ISB and as the impact of the media in normalising sexual acts could be one of the possible contributing factors, these factors must be explored. In support, Omar (2010) argues that exposure to sexualised behaviour or pro-violence makes children regard these messages as normal, this could cause the perpetuation of this observed behaviour to become a learned response.

The community on the exo-level of the ecological perspective is broad and includes schools, families and friends. The combination of schools, families and friends

highlights the role a community or neighbourhood plays in the development of a child. Ward (2007) feels the need to make the distinction between the physical and geographical context in which someone lives, compared to the actual relationships within a neighbourhood. The physical and geographical context where someone lives, will determine the socio-economic status of the community, which may influence the availability of resources and exposure to positive role models and thus influence the child's behaviour.

The microsystem, mesosystem and exosystem are more visible and palpable than the macrosystem, the macrosystem is less tangible but just as influential. Therefore, the contributing factors that will be explained are access to the internet as this provides access to various platforms where child sexual abuse material and pornography can be viewed.

3.4.3.1 *The internet and child sexual abuse material or pornography*

The internet has created more opportunities for sexual abuse to take place. While a significant proportion of online-facilitated sex offences are committed by young people, limited research has been carried out into young people engaging in ISB within the online platforms they have access to. Internationally, ISB is consistently linked with early, developmentally inappropriate exposure to sexual knowledge or behaviour (Martin, 2014; Johnson & Aoki, 2014; Government of South Australia, 2013; Omar et al., 2012; Friedrich, 2007; Kellogg, 2009; Silovsky & Bonner, 2003).

A recent and continuing issue is that children and young people generate and share naked images, causing a challenge for legislative systems as these images may be classified as child sexual abuse materials (Hackett et al., 2016). The viewing of these images and child sexual abuse materials may increase the wish to emulate it (Radford, Allnock & Hynes, 2012).

International research demonstrated a reliable relationship between watching television and aggression (Anderson & Bushman, 2001). Omar (2010) found that one could make a similar argument for ISB and what children can see on South African television (Omar, 2010). In a South African study on ISB, Omar (2010) indicated that 92% of the boy participants indicated that they learned about sex from television. Research conducted on ISB and the internet found that a decade ago low socio-

economic groups did not have much access to the internet and thus did not learn about sex from the internet. Since Omar's study, no recent research has been conducted on ISB in children and the internet and child sexual abuse material, especially since access to the internet has become easier and more affordable.

3.4.4 The macrosystem

The macrosystem embodies areas of influence such as government policy and legislation as it pertains to ISB. Policy and legislation applicable to children displaying ISB, was discussed in Chapter Two. South African sources believe that key elements in the ecological perspective are the interactions between various layers and nested systems, none of which should be examined in isolation (Omar 2010; Ward, 2007). When specifically looking at ISB one could argue that a lack of policy and legislation on a macrolevel is further evidence that ISB is legitimised and accepted by some. However, social workers have to render services to children displaying ISB within the existing policy and legislation.

3.5 IMPLEMENTATION OF CHILD WELFARE SOCIAL WORK SERVICES IN SOUTH AFRICA

Child social work services are referred to in the White Paper for Social Welfare (Republic of South Africa, 1997:62), the Integrated Service Delivery Model (ISDM) (Department of Social Development, 2006), the Framework for Social Welfare Services (Department of Social Development, 2013) and the Children's Act (Republic of South Africa, 2005) all which state that intervention services to children and families must first focus on preventative services, and if that is not sufficient, the social workers must utilise early intervention services to prevent statutory services, which can be costly. These stipulations provide structure when applied to the rendering of child protection services (Strydom, 2012).

Child protection services can be seen as legal obligations and interventions sanctioned by the South African Government that are designed to deal with situations in which children are being harmed, or where they are at immediate risk of harm, through abuse or neglect (Strydom, Schiller & Orme, 2020; Strydom, 2012). Despite South Africa implementing the obligations of the UNCRC (1990) there still is a lack of service

delivery, especially when it comes to child sexual abuse (CSA). This is reflected in the increase of CSA, the absence of ISB specific legislation, and in the fact that children are hardly ever mentioned as being sexual crime perpetrators (Cornelissen-Nordien, 2019; Mathews, Eggers, Townsend, Aarø, De Vries, Mason-Jones, De Koker, Appollis, Mtshizana, Koech, Wubs & De Vries, 2012; Richter & Dawes, 2008; Pierce & Bozalek, 2004; Madu & Peltzer, 2000).

Social workers render services on various levels of the ISDM, namely prevention, early intervention, statutory intervention, and reunification and aftercare depending on the severity of the problem identified. A social worker should always aim to intervene before the problem increases, however this intervention stems from being able to identify possible contributing factors and a suitable course of action.

3.5.1 Levels of service delivery by social workers: The Integrated Service Delivery Model (2006) and the Framework for Social Welfare Services (2013)

The purpose of the Integrated Service Delivery Model (ISDM) (Department of Social Development, 2006) and the Framework for Social Welfare Services (Department of Social Development, 2013) is to develop a comprehensive framework on a national level that describes social services and provides a foundation for developing norms and standards for service delivery to implement the developmental welfare approach. The ISDM acknowledges that welfare services are the collective responsibility of various stakeholders, including the state, NGOs, and private services.

The focus of the ISDM was to empower people and to render services to those identified as vulnerable in the country, including those who are victims of CSA. In contrast to the White Paper for Social Welfare (Republic of South Africa, 1997b) the ISDM makes reference to victim empowerment and is seen as a way of shifting power relations and provide people to take autonomy of their own lives (Republic of South Africa, 2006). Contained in the rationale of the ISDM, there is reference to an increase in sexual exploitation of children due to a “make-do” attitude adopted by service providers, however it is possible that this attitude is caused by a lack of funds and resources (Cornelissen-Nordien, 2019; Richter & Dawes, 2008).

The ISDM (Department of Social Development, 2006) and the Framework for Social Welfare Services (Department of Social Development, 2013) emphasises the importance of protection services to children on a prevention, intervention, statutory, reconstruction and aftercare service level.

There are four levels for service delivery identified within the ISDM (Department of Social Development, 2006) and the Framework for Social Welfare Services (Department of Social Development, 2013) namely, prevention, early intervention, statutory intervention, and reunification and aftercare. Social workers can render services at any of these levels and the type of service would depend on what a client system requires in terms of services.

3.5.1.1 Prevention

Prevention is defined as a problem that arises before it is fully evident or has developed. This requires social workers to focus on intervention before the problem or need becomes more intense and moves on to an early intervention level. Prevention level services would be considered as community-based programmes and awareness campaigns that can focus attention on potential risks (Pistor, 2019; Republic of South Africa, 2013; Republic of South Africa, 2005).

When looking at prevention level services rendered to children displaying ISB, it is important that social workers should have knowledge about the contributing factors of ISB to plan appropriate awareness campaigns, as well as community-based programmes to educate communities about the phenomenon. These awareness programmes should focus on how to refer and where to seek help, which could allow for communities and families to gain more knowledge about this phenomenon.

If children and families experience more intense problems that cannot be managed through the utilisation of community-based awareness programmes and community resources, the family and the child would need early intervention services.

3.5.1.2 Early intervention

Early intervention refers to a social worker intervening with a family due to already identified risks that require attention to prevent the situation from intensifying to statutory intervention. The early intervention level of service rendering focuses on

limiting the impact of risk before it progresses. Facilitating change in an individual, environment, or society is key to prevent a negative impact on wellness (Department of Social Development, 2013).

Concerning ISB, early intervention services would require a social worker to identify if a child is in need of care and protection. According to section 150 of the Children's Act this may be due to a child presenting with behaviour attributed to ISB or other forms of abuse (Republic of South Africa, 2005). To assess the risk, a social worker must conduct a risk assessment.

Risk assessments, occasionally referred to as child and family assessments, are seen as part of the early intervention strategy and should be done under circumstances where factors need to be examined in terms of possible risks and consequences. According to section 150 of the Children's Act (Republic of South Africa, 2005) these services could occasionally be seen to form part of a statutory proceeding if it forms part of identifying if a child is in need of care and protection.

When a child is identified as in need of care and protection, the matter will be referred to a designated child protection officer for investigation who must, within 90 days, compile a report and a recommendation as to whether the child should be removed or if an alternative intervention would be appropriate (Republic of South Africa, 2008). The Children's Act (Republic of South Africa, 2005) stipulates that the report should include identifying details, an assessment of the child's needs, including developmental and therapeutic needs, family preservation services that have been considered, and a permanency plan which aims to maintain stability and facilitate the prescribed intervention strategies. All alternative placements need to be considered; from leaving the child in the care of their parent or guardian, or placing the child in alternative care, even temporarily, before reunifying the child with their family or terminating the parental rights so the child may be eligible for adoption.

With reference to ISB, a risk assessment would be helpful to determine the best intervention for a child who has been a victim of ISB or a child who has displayed ISB. A risk assessment would also assist in working within the Children's Justice Act 75 of 2008 where a diversion programme or sentencing is considered. However, it would still

be important to render counselling services to the family as well as the child who displayed ISB.

Therapeutic programmes and counselling are seen as part of the early intervention services. According to legislation, professionals must intervene with families to improve their relationships and handle difficult situations (Fouché & Walker-Williams, 2015; Strydom, 2012; Republic of South Africa, 2005). With therapeutic programmes the aim is to preserve and protect the family and children. The counselling process aims to guide clients to find solutions to their problems. Often, professionals utilise counselling and therapy to facilitate communication which is helpful to children who do not have the ability or vocabulary to communicate the sexual trauma they may have experienced.

As part of a criminal proceeding for a child with ISB, there may be a recommendation involving mandatory therapy. Such a recommendation may uncover mental health conditions or past trauma which could contribute to the ISB or increase the risk of recidivism (Villines, 2019).

3.5.1.3 Statutory intervention

Statutory interventions are noted in the ISDM as the third level of intervention. If early intervention was unsuccessful and a child's well-being or life is seen as being in danger, then statutory services are deemed necessary (Department of Social Development, 2006; Department of Social Development, 2004). These services may require that a professional recommend that a child be removed by a designated social worker in terms of section 150 of the Children's Act (Republic of South Africa, 2005).

Section 152 of the Children's Act dictates that, if there is a reasonable belief that a child's safety can only be ensured by removal, then a social worker may remove that child and place the child in temporary safe care without a court order by means of a Form 36. Should a removal take place the parent or guardian should be notified within 24 hours and the matter should be heard in a Children's Court within 24 hours and reported to the Department of Social Development in the province where the removal has taken place (Republic of South Africa, 2005).

Section 46(xi) of Chapter 3 of the Children's Act provides the court with the power to issue an order to remove someone from a child's house, while Chapter 9, section 151 provides the court with the power to remove a child to temporary safe care by court order (Republic of South Africa, 2005). These are the sections of the Children's Act that social workers use to initiate a child protection investigation which may include investigating ISB. For ISB, statutory intervention could include the removal of the victim or the aggressor, however statutory intervention could also include criminal prosecution which may result in the perpetrator of a crime of ISB being referred for therapy or to a diversion programme (Omar, 2010).

3.5.1.4 Reunification and aftercare

Reunification and aftercare are services rendered after intervention where it is the role of a social worker in child and family welfare services to facilitate the reintegration of the family (Department of Social Development, 2013). Statutory intervention with young offenders of sexual abuse is mandated in South Africa and enshrined in the Child Justice Act 75 of 2008, based on the principle of "restorative justice." This restorative practice would form part of aftercare, a process where mediation occurs between the victim and the offender with an opportunity for dialogue between the parties, or for family group conferencing. This is an organised meeting between the perpetrator, the victim, and the families and friends from both sides. In this forum the consequences are addressed, and decisions are reached regarding repatriation. This could be seen as an intervention strategy for a child whose ISB impacted another child (Omar, 2010; Republic of South Africa, 2008).

Rehabilitation programmes also form part of this restorative justice process. These rehabilitation programmes, more commonly referred to as "diversion programmes" focus on children who are the perpetrators in an offence, who have accepted responsibility for what they have done and who are seeking ways to amend the harm they have caused, while the programmes simultaneously ensure that these children are protected from society and are channelled away from the formal court system (Republic of South Africa, 2008). However, in instances where a juvenile is deemed a danger to society, the court ensures they are sent to a secure care facility to be imprisoned.

It is clear that the South African social work and justice systems have strengths in that they provide intervention strategies that could be applied to children with ISB. However identifying the correct intervention strategies depends on the ability of social workers to correctly identify the level on which intervention needs to take place. Social workers would also need knowledge about the contributing factors to children displaying ISB to be able to render effective services on the different levels.

3.6 CONCLUSION

As previously mentioned, there is a lack of South African literature on the possible contributing factors of ISB amongst children. However, professionals dealing with ISB agree that a complex combination of individual, social, cultural and environmental factors lead to ISB amongst children (Philander, 2018; Varaden, 2016; Omar 2010).

Many theories identify a range of factors that reside within the individual or their environment. While each of the above-mentioned theories provide a useful lens for understanding sexual abuse amongst children, some of the theories maybe somewhat limiting or reductionist. Bandura (1977) does not consider genetic issues or mental health disorders to be contributory factors. Ashby (1991), Jessor and Jessor (1977) do not take into account individual differences or personality development. Similarly, the sexual abuse cycle theory that identifies the victim-victimiser pattern does not take into account why many victims become victimisers.

The challenge is that no single theory can explain the reason for some children offending whilst others do not. This review does, however, show that the causality of sexual offending is not simple but is rather a multi-dimensional phenomenon (Pithers, Gray, Busconi & Houchens, 1997).

According to Bronfenbrenner's model, the child is at the centre thereof with the two-person system forming the basic unit of analysis. The ecological perspective is evidence for the commitment to viewing the child within their context and not in isolation. This two-person system is usually between the child and caregiver who then engage with other people and settings that are influenced and that in turn influence them.

The evolving principle from Bronfenbrenner's ecosystems model, is that the child does not live in seclusion but in relation to those around them, whilst being affected by every interaction. Influential settings could be seen as the family, communities and educational institutions wherein the child develops through their interactions with these systems, referred to as the major systems of human development (Bronfenbrenner & Morris, 1998). Added to these direct interactions are settings that interact indirectly with the child, such as the caregiver's workplace or policy and legislation (Bronfenbrenner, 2004).

It is clear from the above-mentioned theories that inappropriate sexual behaviours in children do not always stem from only one contributing factor but can be as a result of curiosity, trauma, self-comfort, copying what they had seen or learned, or attention-seeking. The literature review in this chapter illustrated the lack of research on the factors contributing to children displaying ISB and the need for an in-depth examination on all the levels that an individual interacts with, to gain knowledge about this topic. Because there is limited South African literature on contributing factors to children displaying ISB, the views of social workers on this topic were explored and the results of this research study are discussed in the Chapter Four.

CHAPTER FOUR:

EMPIRICAL FINDINGS OF THE STUDY ON THE VIEWS OF SOCIAL WORKERS ON THE CONTRIBUTING FACTORS TO INAPPROPRIATE SEXUAL BEHAVIOURS IN CHILDREN UNDER THE AGE OF FOURTEEN, AND THE LITERATURE CONTROL

4.1 INTRODUCTION

This chapter is related to the third objective of the study which is to empirically investigate the views of social workers on the contributing factors to inappropriate sexual behaviours (ISB) in children under the age of fourteen. In the introductory chapter, a brief literature background was given regarding ISB in children, the views of social workers, existing policy and legislation applicable to this social issue, and the current views on sexual development in children. Chapter Two then added to the background of this study with a discussion on policy and legislation regarding ISB and sexual abuse in South Africa. Chapter Two furthermore highlighted the need for ISB to be specifically addressed in policy and legislation especially in the Children's Act. In Chapter Three the contributing factors to ISB were examined within the framework of Bronfenbrenner's ecological perspective. According to the literature there are many possible contributing factors to ISB in children. In this Chapter Four, the views of social workers on the contributing factors to ISB in children under the age of fourteen, were collected and are presented in the form of themes, subthemes and categories. Children under the age of fourteen were chosen as the focus, as children who display ISB may possess criminal capacity and are therefore liable for prosecution or inclusion in a diversion programme.

4.2 RESEARCH METHODOLOGY

This empirical investigation was conducted according to the guidelines set out in Chapter One of this research study. This section will give attention to the research approach, research design, sampling methods, data collection, and data analysis that were utilised in the study.

4.2.1 Research question

The research question was: What are the views of social workers on the contributing factors to inappropriate sexual behaviours in children under the age of fourteen? The empirical study was based on this research question.

4.2.2 Goal and objectives

The goal of the study was to gain an understanding of the views of social workers on contributing factors to ISB in children under the age of fourteen. This goal was achieved by means of the following objectives:

- To describe policy and legislation in South Africa which informs social workers working with children who display inappropriate sexual behaviours;
- To identify and discuss the contributing factors to the display of ISB by children within an ecological perspective;
- To investigate the views of social workers on the contributing factors to inappropriate sexual behaviours in children under the age of fourteen; and
- To present conclusions based on the collected data and provide recommendations.

4.2.3 Research approach

A qualitative research approach was utilised in this study. This approach allows the researcher to theoretically convey deep observations, because the greater meaning of human specific experiences can be examined. Rubin and Babbie (2014) state that a qualitative research approach is flexible and allows the process to evolve as more information is introduced and observations are made. Fouche et al. (2021) note that a descriptive research design highlights a description that allows for the in-depth centring around a particular issue through collecting data about it. The research method for the purpose of this study was qualitative since this method allowed for the phenomenon of ISB in children under the age of fourteen to be explored.

4.2.4 Research design

For this research study, both descriptive and exploratory designs were used to gather as much information as possible from social workers who were rendering services to

children under the age of fourteen who display ISB. Babbie and Mouton (2001) highlight that a qualitative research approach is about describing and understanding human behaviour instead of explaining and predicting human behaviour, while exploratory research is conducted to gain an understanding of a phenomenon, situation, community or individual (Blaikie et al, 2019). The descriptive and exploratory designs were utilised in gathering as much information as possible from social workers rendering services to children under the age of fourteen who were displaying ISB. These designs were also implemented in order to explore more in-depth information due to the fact that contributing factors to ISB have not been extensively researched internationally and no previous study could be identified with a focus on the contributing factors to the display of ISB in children according to the views of social workers, within the South African context. The qualitative approach resulted in rich, abundant, and descriptive narratives regarding social workers' views on contributing factors to children who display ISB from the participants of this study.

4.2.5 Research sample

The population for this study consisted of social workers intervening with children under the age of fourteen who were displaying ISB. The population was sampled by using the non-probability sampling approach (Fouché et al., 2021). This method was appropriate to target specific individuals based on their skill and experience. Interviews were conducted with 18 participants.

The criteria for inclusion in the sample of the study was that at the time of the study the participants must:

- have been qualified as social workers and registered at the SACSSP;
- have had at least two years' experience rendering counselling, therapeutic intervention or statutory intervention;
- have conducted interviews with children who display inappropriate sexual behaviours at least twice a week; and
- have been able to converse in English or Afrikaans.

Snowball sampling was utilised as there was one participant who could refer her to others to provide data on the phenomenon being studied (Fouché et al., 2021). due to as the research was unable to the first participant was from the Facebook group "Leave

No Child Behind” and although the researcher did not experience problems to recruit participants, towards the end of the research process the participants started referring the researcher to other social workers who had already been contacted; this was probably because ISB is a specialised field with few social workers who provide intervention. At the time of the study a participant referred the researcher to another potential participant, however this potential participant was not conducting interviews with children who were displaying ISB for at least twice a week and was therefore excluded from the study.

4.2.6 Data collection

Data was collected between April and May 2021. The researcher made use of a semi-structured interview schedule (Appendix B) during the video interviews on Microsoft Teams and Zoom with the social workers rendering services to children under the age of fourteen displaying ISB. During the interview process, the purpose of the study was explained to each participant. The researcher contacted a social worker who was a part of the Facebook group “Leave No Child Behind” as she was unable to post an invitation to take part in the research on this group as planned, due to the restrictions of the Facebook Group on who is allowed to post. The researcher selected this member of the group as she had an existing relationship with the participant and therefore had her contact details. The social worker agreed to be interviewed and referred the researcher to other social workers to be participants by asking for their permission first and explaining the study and then tell them to contact the researcher or by having the referring participant provide the researcher with the new potential participant’s email address. Participants were sent the informed consent form (Appendix A) and the semi-structured interview schedule (Appendix B) via email. The researcher would then work through the informed consent form (Appendix A) and the semi-structured interview (Appendix B) by discussing any aspects the participants did not understand, highlighting questions they were unsure of or terminology they may not have heard of before, via online platforms such as Microsoft Teams or Zoom or a Whatsapp video call. Details about the research project were provided to all potential participants, including the aim of the study, the requirements to participate, as well as the researcher’s email address.

Interviews only commenced after the informed consent forms were signed and emailed back to the researcher. All eighteen participants granted permission for the researcher to record the interviews. The interviews were conducted from the researcher's room in a private home. The room was appropriate for conducting interviews and each interview was recorded to allow the researcher to transcribe and listen to the recordings when analysing the data. The researcher utilised the semi-structured interview schedule from which she could deviate by asking follow-up questions, depending on the response she received from the participants.

As mentioned in Chapter One, data collection took place in the form of video interviews as face-to-face data collection was suspended by the Stellenbosch University Research Ethics Committee (REC) due to the COVID-19 pandemic, the subsequent lockdown and social distancing protocols. The researcher opted to use online video or call platforms, which was challenging as participants would occasionally be unable to access a stable internet connection or the signal would sometimes drop, which required the researcher to then reconnect the call and continue the conversation. Another challenging part was that it took over a month to complete eighteen interviews as most participants did not respond to emails after they had contacted the researcher, or due to participants' and the researcher's scheduling conflicts. When there were no connectivity issues, the researcher found the interviews to be conversational with the participants being open to answer questions and engage with the researcher. Participants were incredibly enthusiastic to talk about the subject of ISB in children. Interviews often took 45 to 60 minutes and participants often gave anecdotal responses of their own experiences and views in working with children under the age of fourteen who display ISB.

Data saturation was reached by the sixteenth interview, even though the researcher continued with interviews until the eighteenth interview in order to find out if any new information emerged. The study used a denaturalism approach to transcribing. Afflerbach (2020) describes the denaturalism approach as the removal of elements such as stutters, pauses, non-verbal factors or involuntary vocalisations, which suggest that there are certain meanings and perceptions within speech. Some participants in their interviews would utilise Afrikaans words or slang phrases, this has been written out in Afrikaans and translations have been provided. Due to Participant 1 speaking bilingually in her interview some of her responses are written in English

while some are written in Afrikaans with translations provided. These transcriptions were necessary for data analysis.

4.2.7 Data analysis

The data collected was analysed qualitatively as the study utilised a qualitative approach. Data analysis allowed the researcher to make structure and meaning of the data through a process of critical reflection, making associations and contemplating reasons for behaviours and actions. Creswell (2007) highlights six steps that a researcher should utilise. These steps are:

Step one: The researcher organises and prepares data for investigation. The audio-recorded interviews of eighteen participants were transcribed.

Step two: The researcher read all the transcriptions. While reading the data the researcher made notes on the transcripts. This provided the researcher with an overview of the information and its possible significance. Within this process the interviewer identified similarities and inconsistencies between the responses of different participants.

Step three: The transcriptions formed the data which was coded. De Vos et al. (2005:333) highlight that this process “does not proceed tidily or in a linear fashion but is more of a spiral process; it entails reducing the volume of the information, sorting out significant from irrelevant facts, identifying patterns and trends, and constructing a framework for communicating the essence of what was revealed by the data”. This required the researcher to assign words to describe specific phrases or words spoken by the participants. The researcher then identified patterns and codes and organised them into themes.

Step four: The researcher used the coding process to generate themes for analysis. These revealed general patterns in the data. Within these overriding themes the researcher could further categorise the data within each theme into subthemes and then into categories so that informed recommendations for other professionals who may intervene with children under the age of fourteen who display ISB, could be generated.

Step five: The researcher presented the themes in a qualitative narrative. This is a detailed discussion of several themes and subthemes to convey the findings of the analysis. These themes were generated from the number of times a particular theme arose from the participants' responses.

Step six: The researcher interpreted the findings. This information was compared and contrasted with the existing literature that the researcher had previously captured and accumulated.

During this process ethical considerations were maintained as the researcher ensured recordings were coded according to numbering, for example, Participant 1,2,3, and that any identifying details, such as organisation's names, were omitted from transcriptions and responses.

4.3 RESULTS OF THE RESEARCH

The results of the research are presented according to themes, subthemes and relating categories derived from the data analysis. A description of the profile of the participants is presented. The data obtained from the investigation are presented as typical of qualitative analysis – using themes, subthemes, and categories, where relevant. Subsequently, the views of participants and their knowledge of policy and legislation will be discussed, along with an analysis of views of social workers on contributing factors to ISB in children.

4.3.1 Profile of participants

The profiling of the participants who took part in the study were done in terms of the number of years they were practicing social work, their gender, current age, number of years they were working with children under fourteen who displayed ISB, and the current types of services the social workers were rendering. The data is displayed in Table 4.1.

Table 4.1: Profile of participants

Participant	Age of participant (years)	Gender of participant	Number of years practising social work	Number of years working with children, under 14 years, who display ISB	Current designation of social worker
Participant 1 (P1)	29	Female	6	6	Social Worker
Participant 2 (P2)	28	Female	5	2	Residential Social Worker
Participant 3 (P3)	50	Female	21	21	Residential Social Worker
Participant 4 (P4)	29	Female	6	3	Supervisor
Participant 5 (P5)	49	Female	30	26	Forensic Social Worker
Participant 6 (P6)	31	Female	4	3	Play Therapist
Participant 7 (P7)	32	Female	10	2	Probation Officer
Participant 8 (P8)	41	Female	11	10	Probation Officer
Participant 9 (P9)	27	Female	5	5	ECD Social Worker
Participant 10 (P10)	36	Female	4	4	Social Worker
Participant 11 (P11)	29	Female	7	5	Social Worker
Participant 12 (P12)	28	Female	7	7	School Social Worker
Participant 13 (P13)	52	Female	8	6	Forensic Social Worker
Participant 15 (P15)	32	Female	8	5	Social Worker
Participant 16 (P16)	27	Female	5	5	Play Therapist
Participant 17 (P17)	26	Female	4	4	School Social Worker
Participant 18 (P18)	29	Female	5	5	Social Worker
Participant 20 (P20)	46	Female	26	15	Forensic Social Worker

4.3.1.1 Age of participants

More than half of the participants (11) were aged between 24 and 29 years old. A minority of participants were above the age of 36 to 46 years old with only 2 participants above the age of 50. It would appear that most of the participants were young social workers with less than 10 years of work experience.

4.3.1.2 Gender of the participants

All social workers who participated in this study were female. Social work is a female dominated profession (Hicks, 2014) which is probably the reason for the fact that all the participants were female. As this was snowball sampling, gender was not important as the researcher had no preference in terms of inclusion and exclusion criteria about gender.

4.3.1.3 Years working with children, under fourteen years who display ISB

The majority (11) of social workers who participated in the study had between 5 to 10 years' experience working with children who display ISB. Of the 18 participants, 8 had less than 5 years' experience while 3 participants had more than 10 years' experience; 2 of those participants' experience exceeded 20 years. In conclusion, participants had between 2 and 26 years of work experience with children under the age of 14 who display ISB.

The sampling procedures complied with all the criteria as outlined above. Participants were considered experts on ISB due to their two years of experience and their service rendering to children displaying ISB for at least twice a week.

4.4 RESULTS OF THE STUDY

The results of the study will be discussed in the following section. The data was analysed and put into themes, subthemes and categories as indicated in Table 1.3. Six themes and 19 subthemes were derived from the data.

Table 4.2: Themes, subthemes and categories

Theme	Subtheme	Category
1. Policies and legislation utilised when rendering services to children under the age of 14 who display ISB	1.1 Limited South African policies and protocols utilised	1.1.1 International protocols are utilised
		1.1.2 Unaware of existing policy, develop own policy
	1.2 Legislation utilised during service rendering	1.2.1 The Children's Act 38 of 2005
		1.2.2 The Child Justice Act 75 of 2008
		1.2.3 The Sexual Offences Act 32 of 2007
	1.3 Views on sufficiency of policies and legislation formulated	1.3.1 Current policies and legislation not sufficient
2. Contributing factors to children displaying ISB on the microsystem	2.1 Age of the child	
	2.2 Gender of the child	
	2.3 Cognitive abilities and education	2.3.1 No relationship between cognitive abilities and ISB
		2.3.2 Low cognitive ability a potential risk for victims of ISB
	2.4 Social skills	
	2.5 Prior victimisation	2.5.1 History of sexual abuse
		2.5.2 History of physical abuse and neglect
		2.5.3 History of some form of trauma
	2.6 Influence of values and beliefs	2.6.1 Caregiver's values and beliefs
	2.7 The family environment	2.7.1 Absent caregiver resulting in lack of supervision
2.8 The home environment	2.8.1 Lack of privacy	
	2.8.2 Placement in children's home	
3. Contributing factors within the mesosystem	3.1 The school	3.1.1 Insufficient sex education in schools
		3.1.2 Lack of supervision in school settings
	3.2 Influence of peer groups	3.2.1 Peer pressure
4. Contributing factors on the exosystem	4.1 Social media	
	4.2 Access to child sexual abuse material or pornography or the internet	4.2.1 Access to pornography websites
5. Contributing factors on the macrosystem	5.1 The failing justice system	
	5.2 Cycle of abuse	
6. Levels of the Integrated Service Delivery Model (ISDM) and the Framework for Social Welfare Services on which social workers mostly render services	6.1 Early intervention services	6.1.1 Therapeutic programmes and counselling
	6.2 Statutory services	

4.5 DISCUSSION OF RESULTS

The results as depicted in Table 4.2 are discussed below in the form of themes, subthemes and categories.

4.5.1 Theme One: Policies and legislation utilised when rendering services to children under the age of fourteen who display ISB

Policy and legislation play a significant role in rendering services to children who display ISB. As mentioned in Chapter Two, South African policy and legislation does not always specifically refer to ISB. However there are several pieces of policy and legislation which can be used when intervening with child sexual abuse, such as the White Paper for Social Welfare (Republic of South Africa, 1997b), the National Policy Guidelines for the Handling of Victims of Sexual Offences (1998a), the Service Charter for Victims of Crime (2004), the ISDM (2006), the Constitution of South Africa (1996), the Children's Act 38 of 2005, the Child Justice Act 75 of 2008, and the Criminal Law (Sexual Offences and Related Matters) Amended Act 32 of 2007. These policies and legislation stipulate objectives for effective prevention, intervention and aftercare of children who have experienced sexual abuse. It is therefore important for social workers to be aware of the various policy and legislative documents that guide their service rendering.

In this section the focus was on policy and legislation and the utilisation thereof in service rendering to children under the age of fourteen who display ISB. Participants were asked to indicate which policies and legislation they utilised when rendering services to children who displayed ISB, thus policies and legislation utilised in service rendering emerged as subthemes and categories that are discussed below.

(a) Subtheme: 1.1: Limited South African policies and protocols utilised

The first subtheme derived from the data was that limited policies and protocols are utilised. Despite the array of national policies and national legislation guiding services to children who have experienced sexual abuse, participants were unable to identify most of the policies or legislation. The participants did however refer to the fact that they were using international protocols. For the purpose of this study a protocol refers to a set of steps to be followed for the accomplishment of a given task (Kohn, Corrigan,

Donaldson & America, 2000). Two categories were derived from this subtheme which will be discussed.

Category 1.1.1: International protocols are utilised

The first category identified was that international protocols are being utilised, as some participants mentioned utilising international protocols such as the American Professional Society on the Abuse of Children (APSAC) and participants also referenced the National Institute of Child Health and Human Development (NICHD) protocol. These are protocols for the forensic interviewing of suspected child abuse victims. Forensic interviewing is considered a specialised skill and is used to obtain information to help determine whether abuse has taken place. Participants who referred to using the APSAC protocol and NICHD protocol are participants who conduct interviews with children displaying ISB who can provide critical evidence for both criminal child abuse investigations, and child protection proceedings. Some participants indicated that the necessity for utilising international protocols was due to the lack of an existing protocol in South Africa. Participants mentioned that there is no protocol or framework that identifies strategies for preventing ISB and no procedures to follow when responding to ISB. Participants mentioned the following about the lack of a clear protocol:

"I cannot find anywhere in literature a protocol that compares with a protocol South Africa has. We will have to lodge on an international level with a study that connects on a worldwide level with America, England all the lands that have a specialised protocol. We are going to have to sharpen up in terms of the research that's already been done and come up with something similar and implemented it's a huge opportunity." – P(5)

"There's no specific protocol to follow when you get a case related to child sexual health." – P(4)

One participant mentioned that because of the lack of protocol, social workers are dependent on their supervisors or other social workers who have experience. This participant indicated:

“You deal with these cases, you would usually ask somebody who has dealt with the cases, and then mostly get your guidance from a social work supervisor. So it’s, you’re kind of screwed if your supervisors have never dealt with a case before, and you’ve never dealt with it, you don’t really, there’s no like protocol or policy on what to do.” – P(15)

Another participant indicated that no literature, research or protocol of South Africa was utilised. The narrative is:

“It’s all international (protocols) even our literature and our theory is all based on over mostly American, but we also have some British as well, but, um, I can be honest. I do not use one South African piece of literature, research, or protocol.”
– P(13)

The finding is that social workers are utilising international protocols when rendering services to children that display ISB, because of the lack of clear protocol in the South African context. It is evident from the narratives above that the participants are aware that service rendering to children who display ISB needs to be governed by protocol. South Africa has a protocol for handling cases of sexual abuse where a child is a perpetrator. This protocol is contained within the Protocol for the Management and Reporting of Sexual Abuse and Harassment in Schools (Department of Basic Education, 2019) which states that children who are perpetrators of a crime need to be reported to the principal of the school and that schools are required to formulate their own Code of Conduct in line with this protocol and should be guided by section 8 of the South African Schools Act 84 of 1996. This protocol is for reporting a child perpetrator in sexual abuse, however some of the protocols the participants were referring to were specifically for forensic interviewing of ISB for which South Africa has no protocol.

The issue with the existing Protocol for the Management and Reporting of Sexual Abuse and Harassment in Schools (2019) is that it is only applicable to ISB that takes place in a school environment. This highlights that there is no existing national protocol specific to children displaying ISB that social workers can utilise. For forensic interviewing there is no nationwide protocol either, therefore international protocols are being used by social workers, as is seen in the above responses. International

protocols are sometimes not suitable for the South African context as the country does not have similar resources that other countries do, for example, the number of professionals who can attend to social work issues in South Africa are low, causing social workers to end up with extremely high caseloads. It was also mentioned that there was an existing protocol for reporting but that this protocol was not appropriate outside of the context of a school, therefore it was found that current protocols for reporting must be adapted and that South Africa needs to develop her own forensic interviewing protocol.

Category 1.1.2: Unaware of existing policy, develop own policy

Another subtheme that was identified was that participants were unaware of existing South African policies, or they felt they had to develop their own to render services to children who display ISB. Participants mentioned that they were unaware of policies pertaining to ISB or that they did not utilise South African policies. Participants mentioned:

"I do not use one South African piece of literature, research or protocol." – P(13)

"I kind of use my own policy, pretty much just what I feel would be the correct way to provide a service for someone that displays inappropriate sexual behaviour."
– P(14)

One participant mentioned there is no policy, as well as the fact that there is a lack of acknowledgement in policy and literature about the fact that children could be perpetrators of sexual abuse. She responded:

"Ek bedoel toe ek studeer het, daar was nie in die literatuur of teorie"
("I mean when I studied there was no mention in literature or theory") – P(1)

The finding that, due to a lack of knowledge and policy and legislation in South Africa, participants were stating they were not using existing policies or that they developed their own when rendering services to children displaying ISB. Within South African policy and legislation, if a child displays ISB they can either be viewed as a perpetrator or a victim, depending on the outcome of the investigation of the social worker who is intervening in the case. Some social workers may view the child as being the perpetrator of sexual abuse and refer the child to determine criminal capacity in terms

of the Sexual Offences Act 32 of 2007 and the Child Justice Act 75 of 2008, other social workers may see the ISB as an indicator of abuse and then refer the child for intervention in terms of the Children's Act 38 of 2005.

It is important to note that South Africa does have policies on dealing with victims of abuse, namely the National Policy Guidelines for the Handling of Victims of Sexual Offences (1998), the Service Charter for Victims of Crime (2004) and the Integrated Service Delivery Model (2006), yet these policies do not refer to ISB nor that a child may be seen as in need of care and protection in terms of section 150 of the Children's Act. If a child displaying ISB is not considered to be a victim and seen purely as a perpetrator of a crime, then social workers would need to use legislation such as the Child Justice Act or the Sexual Offences Act.

Despite conventions such as the UNCRC and the ACRWC, the National Policy Guidelines for the Handling of Victims of Sexual Offences, the Service Charter for Victims of Crime and the ISDM, or the Framework for Social Welfare Services, participants did not reference these. Participants did however reference international policies as being adapted to South African cases. This could show a lack of understanding of existing policies or that social workers view existing South African legislation to be insufficient when compared to international policies.

Subtheme 1.2: Legislation utilised during service rendering

The second subtheme is focused on the legislation utilised when rendering services to children under the age of fourteen who displayed ISB. With an array of national legislation pertaining to sexual abuse and child protection, some participants were able to identify specific legislative documents. Three categories were derived from this subtheme that will be discussed. The first category is the Children's Act 38 of 2005.

Category 1.2.1: The Children's Act 38 of 2005

Most of the participants mentioned the Children's Act 38 of 2005 when rendering services to children who display ISB. The Children's Act provides social workers with a framework for the protection of children from various types of abuse, trauma and neglect. With the notion of early intervention in a child's life, the legislation promotes resources to improve the physical, emotional, social and cognitive development of

children. This study found that participants did not refer to a specific section of the Children's Act, however mention was made that this piece of legislation was used when investigating ISB and determining if a child was in need of care and protection. Participants referred to using specifically section 150 of the Children's Act (Republic of South Africa, 2005) when a child is seen as in need of care and protection, which may result in the child(ren) being removed. These participants' narratives are listed below:

"I'm, lucky I do have a bit of background with the Children's Act, always applied that to my work. So if the child was in danger, according to the Children's Act, I would apply that." – P(6)

So I do the psychosocial reports for the, for the courts. So if, if you pick up these ... you know, a child in need of care, and then we would have the, the Children's Act." – P(8)

"I think we'd just use the Children's Act when it comes to removing the children." – P(10)

One participant referred to the Children's Act when working towards what is in the best interest of the child. This aspect should be the point of departure in all interventions with children and is the cornerstone of the UNCRC, the ACRWC, the South African Constitution and the Children's Act. This participant mentioned:

"Well, the most important is the Children's Act whenever you're working with children, because the primary premise that you're always working from is to do what's best for the child." – P(2)

The finding is that those intervening with ISB were utilising the Children's Act when intervening with children who displayed ISB if the focus is on a child that could be in need of care and protection. This finding is confirmed in South African legislation as children who display ISB may be seen as in need of care and protection, in which case the Children's Act must be utilised for service rendering. That means that the participants were aware that they could refer the child to a designated child protection social worker to investigate a case. In these circumstances, the Children's Act would be utilised to determine if the child is in need of care and protection according to section 150(1) of the Children's Act (Republic of South Africa, 2005). The designated social

work services in this respect would ensure appropriate service rendering and justice according to their investigation of whether a child is in need of care and protection.

Participants however did not mention section 150 and instead referred to utilising the Children's Act when defining sexual abuse or in terms of mandatory reporting. In rendering services to children with ISB, these two aspects of the Children's Act that they referred to was section 1 that contains a definition of sexual abuse and section 110 that addresses mandatory reporting (Republic of South Africa, 2005). It seems as if the participants had a lack of knowledge about section 150 of the Children's Act and about how this section could be applied to children displaying ISB in order to render services to them that are in line with existing legislation (Republic of South Africa, 2005). This could mean that these children will not be referred to a designated child protection social worker to do an investigation.

Category 1.2.2: The Child Justice Act 75 of 2008

The second category identified was that participants referred to the Child Justice Act 75 of 2008 in terms of the legislation utilised in service rendering. Some participants mentioned that the Child Justice Act guided service provisions to children who displayed ISB. The responses are seen below:

"Well, the Child Justice Act mainly." – P(7)

"We look at the Child Justice Act a lot because that also guides our recommendations." – P(8)

Some participants specifically utilised the Child Justice Act when following criminal proceedings after a child has displayed ISB which was regarded as a criminal offense. See the narratives supporting this below:

"So, but if they are convicted of that and found guilty, even if they are diverted, they will have a criminal record for ten years after, you know, according to the Child Justice Act." – P(7)

The participants stated that they made use of the Child Justice Act when completing reports and providing recommendations and also when they discussed the penalties for the child's actions. These responses are noted below:

“The Child Justice Act, we did go through it as an organisation, but like I said, as far as I know, it was only supposed to, it was supposed to be referred to the probation officers and they were supposed to deal with it ...” – P(6)

“I worked with the Child Justice Act especially after we referred to Family Violence and Child Sexual Offences Unit (FCS) and the police.” – P(12)

The finding is that the Child Justice Act is utilised when rendering services to children with ISB, if the child is a perpetrator of a sexual crime, or when there is a statutory procedure which needs to be implemented or a criminal procedure needs to take place. This finding is in line with the intention of the Child Justice Act, namely that “restorative justice” should be applied as its core principle (Republic of South Africa, 2008). The Child Justice Act aims to divert child offenders out of the prison system into programmes focusing on restitution, rehabilitation and reintegration of the child back into society. The Child Justice Act also provides social workers with guidelines on the consequences that should be applied according to the seriousness of the crime committed. Children between the ages of ten and fourteen years may have criminal capacity but there is a burden of proof to prove beyond a reasonable doubt that the perpetrator had criminal capacity when committing the alleged crime. Children above the age of fourteen are regarded as having criminal capacity and can be prosecuted for their crimes. Given that ISB in children can occasionally be seen to require social workers to follow a criminal procedure, the Child Justice Act will assist social workers to help guide their recommendations and understand the process as a whole, so it is seen as a positive finding that social workers identified that they were utilising this piece of legislation when intervening with children who display ISB.

Category 1.2.3: The Sexual Offences Act 32 of 2007

The utilisation of the Sexual Offences Act 32 of 2007 was the third category identified and was sporadically referred to by some participants. The Sexual Offences Act acknowledges that previous common and statutory law did not deal adequately with sexual offences and therefore aimed to provide effective protection to victims (Republic of South Africa, 2007a). The participants said:

“I work now more with the Children's Act and Sexual Offences Act.” – P(12)

“And then if we're talking specifically about sexual behaviour, also the Sexual Offences Act.” – P(2)

Another participant listed other acts such as The Children's Act 38 of 2005 and Child Justice Act 75 of 2008 but highlighted the “Sexual Offences Act” – P(1)

A participant indicated that the Sexual Offences Act was a good guideline when the focus was on the sexual abuse of children, but that it was less clear when the case was about children displaying ISB.

The finding that the Sexual Offences Act was utilised in service delivery supports what was noted in Chapter Two, namely that the Sexual Offences Act could be used when rendering services to children who display ISB. The Sexual Offences Act clearly defines various sexual offences for criminal and statutory procedures which is why participants may see it as necessary in-service delivery to children displaying ISB, however the Sexual Offences Act it is not sufficient as it does not contain a clear description of ISB (Republic of South Africa, 2007a).

Most participants only identified these three legislative documents as guides in their service delivery. This could be due to a lack of knowledge of the specific sections in the different acts that are applied to children with ISB. However, the views of the participants are that there is a lack of legislation which deals specifically with children who display ISB. The sufficiency of policy and legislation thus emerged as a subtheme and is discussed next.

Subtheme 1.3: Views on sufficiency of policies and legislation formulated

The third subtheme focused on the views of the participants on the sufficiency of policy and legislation that is utilised in service delivery to the target group and to protect the rights of children who displayed ISB. In previous subthemes, participants identified a lack of South African policies but in terms of legislation, participants referred to the Children's Act 38 of 2005, the Child Justice Act 75 of 2008, and the Sexual Offences Act 32 of 2007. The researcher asked participants for their views on the sufficiency of current legislative and policy documents that social workers utilised. One category emerged, namely that current policies and legislation were not sufficient.

Category 1.3.1: Current policies and legislation not sufficient

Only one category was identified in this subtheme, which was that social workers felt current South African policies and legislation were not sufficient to assist social workers in protecting children with ISB and ensuring service delivery. Participants mentioned that they were unaware of specific policy and legislation they could use to render services. The narratives are below:

“There’s no like protocol or policy on what to do.” – (P15)

“I actually have no knowledge of legislation that specifies anything regarding inappropriate sexual behaviour ... Well, if I did know about it and I work with kids ... I should know about it, but I don’t. So it doesn’t exist anywhere.” – (P14)

Two participants indicated that some legislation was applicable to children displaying ISB, but that it was still not specific enough for the participants to use in service rendering. Participants indicated:

“Sexual offences has correct, guides here, with regards to sexual abuse of children, but not necessarily specifically with children who show inappropriate sexual behaviour.” – P(11)

“Not really, it (referring to current policy and legislation) doesn’t really give you like a clear indication, really what to do, or really what type of services is actually specifically required for these type of jobs.” – P(15)

Many of the social workers were either unaware of policies, or the policies were not specific enough. The fact that ISB is an aspect that is not well known was mentioned by some participants, for instance, that this form of abuse was not covered at university level and that the focus is more on “traditional” sexual abuse where the perpetrator is an adult. Narratives are below:

“Ek bedoel toe ek studeer het, daar was nie in literatuur of teorie en selfs in die wetgewing en beleide wat ons geleer het dat kinders kan ook wel perpetrators kan wees.”

“(I mean when I studied there was no mention in literature or theory and even in policy and legislation that children could be perpetrators.”) – P(1)

When the researcher asked if this policy is sufficient one participant responded:

“I don't think so, because it's mostly about when talking about child sexual abuse, it's mostly considered a perpetrator and a child victim, and it often doesn't account for children with other children.” – P(2)

The narratives show that participants view current policies and legislation as insufficient to render effective services or to guide social workers in service delivery.

Overall, most of the participants indicated a need for a revised policy and legislation focusing specifically on children who displayed ISB. The fact that participants indicated there were not enough policies and legislation available to guide service rendering and protect children under the age of fourteen who display ISB, is interesting to note, as this issue was explored in the literature study.

In the legislation mentioned by some participants, no specific reference is made to children with ISB, however children can be seen as victims in terms of the Children's Act or the National Policy Guidelines for the Handling of Victims of Sexual Offences and the Service Charter for Victims of Crime. Alternatively, children displaying ISB could also be viewed as the perpetrators of a crime which would then require that the Child Justice Act and the Sexual Offences must be referred to.

Participants highlighted that legislation and policy did not reference ISB and that this lack of reference could lead to confusion about the protocol for intervention. The fact that section 150 of the Children's Act (Republic of South Africa, 2005) does not refer to a child displaying ISB as a child in need of care and protection could be the reason for this confusion.

4.5.2 Theme Two: Contributing factors to children displaying ISB on the microsystem

Bronfenbrenner's ecological model is one of nested systems. The first of these systems is identified as the microsystem consisting of the individual and the family (Bronfenbrenner, 2004). The individual characteristics of children displaying ISB may include age, gender and temperament (Cole & Cole, 2001). Influenced by Bronfenbrenner's theory, Cole and Cole (2001) argue that the micro-level of the ecological perspective influences how children respond and engage in other contexts

that affect their development. Therefore, participants were asked for their views on contributing factors they thought were present on the individual level of the ecological perspective of children displaying ISB. In this section the participants' perceptions of factors contributing to children who display inappropriate sexual behaviours will be discussed with an emphasis on the children themselves; looking at their age, gender, cognitive abilities and education, social skills, history of prior victimisation, and values and beliefs.

(a) Subtheme 2.1: Age of the child

The age of the child was the first subtheme identified. Participants clearly stated that a specific age could not be seen as a contributing factor and that the prevalence of ISB had no relation to a specific age or age group under fourteen years. The narratives to support this are below:

"All age groups do it." – P(15)

"I have from small two years old to say teenagers, so definitely not." – P(14)

"I want to say ISB can be at any age, there is no specific age." – P(12)

"I think, it can actually start at any age" – P(9)

"All ages ..." – P(7)

However, age was important in determining if the child was displaying ISB or if the behaviour was seen as appropriate within the context of a relationship. One participant stated:

"Ek sal sê daar is 'n cut off age en dis twaalf [...] dan sien ons hulle word betrokke in seksuele verhoudings met mekaar."

"I would say there's a cut-off age and that's twelve (years old) [...] then we see them starting to get involved in sexual relationships with one another." – P(1)

One of the participants noted that age must be considered during a statutory procedure as, according to South African legislation, children between the ages of ten and fourteen years old may have criminal capacity, whereas children below the age of ten do possess criminal capacity. Therefore, children under the age of ten who are

displaying ISB, would not be regarded to have criminal capacity. The participant indicated this in the response below:

“... you can only be in a range of a certain age where they say you don't have criminal capacity.” – P(4)

Another participant mentioned that the age of the child is a key component in the court proceedings as criminal capacity could mean that a court could proceed with a criminal case, but if it was found that the child had no criminal capacity, they would be referred to the participant for intervention outside of the court. This is confirmed by the narrative below:

“... all ages, but most of the time, the children under the age of 13, they, those cases occurred already [...], they don't have criminal capacity.” – P(7)

From the above discussion it is clear that participants feel ISB is not specific to any age group. This finding is confirmed in literature where it was seen that children of all ages engaged in ISB (Varaden, 2016; Artz et al., 2016; Omar, 2010). It is important to note that in terms of the Child Justice Act, children up to ten years of age lack criminal capacity and may not be prosecuted for committing an offence. Children between the ages of ten and fourteen years may have criminal capacity, but it has to be proven beyond a reasonable doubt that the perpetrator had criminal capacity when committing the alleged crime. Children above the age of 14 are regarded as having criminal capacity and can be prosecuted for their crimes.

Miner et al. (2010) found that age distinction has proven to be meaningful for adult offenders in determining sentencing or the severity of crimes, but their results are more unreliable in studies of ISB adolescents as no matter was handled the same. Literature further states that given the age, when intervening, a social worker should make the child's welfare the focus of intervention and that cases involving children under the age of 14 should be dealt with differently than those involving adolescent sex offenders (Chaffin, Letourneau & Silovsky, 2002). This distinction is in accordance with South African legislation whereby a child under the age of fourteen displaying ISB cannot be criminally charged. However, when it comes to the Children's Act, it is important to note that children displaying ISB is not specifically mentioned as a child in need of care and protection thus there is still uncertainty about the protocol when handling children

displaying ISB within the parameters of the Children’s Act. Having no other section in the Children’s Act to rely on, it means that a child under the age of ten who displays ISB could be managed according to section 150 of the Children’s’ Act, yet as children displaying ISB are not specifically mentioned in sections 150(1) or (2) an opportunity to investigate the need of the child to care and protection could be lost (Republic of South Africa, 2005). Children between the age of ten and fourteen years would first have to be evaluated in terms the Child Justice Act concerning their criminal capacity, and if they are found to be without criminal capacity, should then also be managed according to the Children’s Act.

(b) Subtheme 2.2: Gender of the child

The gender of the child was the second subtheme that came to the fore. Participants concluded that they had worked equally with both boys and girls who displayed ISB and felt that both sexes were capable of being perpetrators and victims. Participants mentioned:

“I’ve really had an equal amount boys or girls. But now that I think about it, it’s mixed.” – P(4)

“I don’t think it comes more with one gender. It’s equal.” – P(12)

“I don’t necessarily think that gender has much impact on it.” – P(10)

Although the participants indicated that gender does not have an impact on being involved in ISB, some participants noted that boys were more often referred for ISB. These responses are below:

“Meestal seuns”

(“mostly boys”) – P(1)

“I actually realised it was mainly boys, mainly boys.” – P(6)

The finding that there is not a clear link between gender and ISB is confirmed in literature (Artz et al., 2016; Hackett et al., 2016; Omar, 2010; Finkelhor et al., 2009). The experience of the participants, namely that boys are more likely to act out or express themselves displaying ISB, is partly confirmed in another South African study

piloted by Wild (2004), which revealed that female youth are less frequently involved in sexual crimes. According to Denov (2001), Mellor and Deering (2010), and Scott and Telford (2006), professionals see ISB displayed by boys as more serious, consequently these professionals are more likely to deny or minimise ISB displayed by females, thus they would refer or intervene less often in cases involving females.

Subtheme 2.3: Cognitive abilities and education

Another subtheme that was mentioned was the cognitive abilities of children displaying ISB. As mentioned, there is limited research on ISB, but in terms of CSA, extensive research has been conducted on the link between cognitive abilities and CSA. Over eighteen years ago O'Brien and Bera (1986) found that children with cognitive disabilities were often involved in ISB. In the light of this founding, participants were asked for their views on if cognitive abilities and education contributed to a child displaying ISB. Within this subtheme two categories were identified, namely no contribution to ISB and that low cognitive ability is a potential risk for victims of ISB.

Category 2.3.1: No relationship between cognitive abilities and ISB

The first category points to the fact that participants noted that there was no relationship between cognitive abilities and ISB. In fact, some participants noted that children with high cognitive abilities and education were able to display ISB. The responses are below:

"... I often think for a child to do that they [must be] massively cognitively impaired, and then the time I find out that there's nothing wrong with them. A situation with grade seven learners at a private school, these children, this group of boys and girls that turned on each other, they are high-functioning, top academic, top sportsman, Dux scholars, whatever they are, high-functioning children. And then they're doing this behaviour." – P(13)

"Highly intelligent. Actually, I think about now, like cases, it's actually, the children, who are really wise." – P(15)

"... I find out that there's nothing [cognitively] wrong with them ..." – P(13)

The finding that a lack of cognitive abilities and education do not contribute to children who display ISB, contradicts the research of O'Brien and Bera (1986) conducted twenty years ago.

However, one participant's response did support literature by Quinn (1999), Epps (1997) and O'Brien and Bera (1986) stating that children who display ISB have a lack of cognitive abilities that also impacts on their progress in school, resulting in failing grades. According to this participant they have little understanding of personal boundaries, and poor impulse control.

"I would say that children with cognitive disabilities are a lot more [prevalent in caseload], the chances they have ISB is greater because they struggle with boundaries and lack insight into what is appropriate and inappropriate." – P(12)

Although other participants agreed that children with cognitive disabilities could struggle with boundaries, they felt that such a lack of cognitive abilities could not be generalised and applied to children who display ISB.

"Again, I said would be difficult to generalise for all." – P(5)

"I don't know if it's a cognitive thing." – P(8)

The finding that cognitive ability is not a factor that contributes to ISB was noted by participants who agreed that both high intellectual functioning and low intellectual functioning could be present with children who displayed ISB. It is important to note that the participant's response on low cognitive ability contributing to a child's lack of boundaries and understanding of what is appropriate and inappropriate is confirmed in literature where persons with low intellectual functioning are seen to have poor conceptual and social skills and that they would consequently engage in sexual behaviours that may be inappropriate (Tomaszewski, Fidler, Talapatra & Riley, 2021). It is also important to note that no literature is available to confirm the finding that low cognitive ability do not contribute to children displaying ISB, but it must be noted that all literature on cognitive abilities and the link to children displaying ISB is outdated with the most recent study being almost twenty years old (Booyens, 2003; Siegel & Welsh, 2012; Bartollas, 1997; Epps, 1997; O'Brien & Bera, 1986). In this study group

the experience was that a child with a cognitive disability was not a factor often noticed in children who display ISB.

Category 2.3.2: Low cognitive ability a potential risk for victims of ISB

The second category identified was that a low cognitive ability make children vulnerable for being a victim of ISB. Participants identified that a lack of cognitive abilities and education could be seen to put children at risk for becoming victims of a child displaying ISB. This is demonstrated in the following narratives:

“Cognitive ability can be a big risk factor and that it actually makes children a lot more vulnerable.” – P(5)

“I do think that cognitive ability [...] has a large impact on ISB, the proneness of a child to become a victim.” – P(4)

Participants elaborated on the vulnerability of children with a cognitive disability and mentioned that these children were at a disadvantage because they were easily influenced and could become involved without realising the extent of their behaviour. Participants indicated as follows:

“I think the children that are cognitively at a disadvantage are also, unfortunately, often led to be victims because they don't understand what's going on and they're a bit overwhelmed.” – P(2)

“... I saw it a lot at the children's home very easily influenced, an older child can get a cognitively impaired child into something and they don't realise but then they are already involved and then they just go with it. I think cognitive abilities play a big role because those children are also more vulnerable.” – P(12)

The finding, namely that a lack of cognitive ability could make a child more susceptible to being a target of ISB due to a lack of comprehension and understanding of what is happening or what is appropriate, is supported in literature. According to sources the risk of sexual abuse and victimisation increases for children who have mental or physical disabilities (Tomaszewski et al., 2021; Brownlie, Jabbar, Beitchman, Vida & Atkinson, 2007; Reiter, Bryen & Shachar, 2007). However, there is limited research on the victims and the risk factors specific to being a victim of a child displaying ISB.

Subtheme 2.4: Social skills

Another subtheme identified was that a lack of social skills contributed to children displaying ISB. This subtheme did, however, not always hold true as occasionally children displaying ISB had good social skills. Participants were asked if a lack of social skills in children displaying ISB could be seen as a contributing factor. Participants provided responses which highlighted that children who displayed ISB fell on various levels of the social skills spectrum, being either very social or withdrawn and isolated. Despite this scale, participants were of the opinion that a lack of social skills did not contribute to ISB in children. Narratives to show this are highlighted below:

“They make friends and they're not, socially isolated, so yeah, so they're like the, like the 'normal ones' so you don't suspect them to be doing what they are doing.”
– P(15)

“Again I say many children are asymptomatic at times there can be no symptoms. Many children do have red flags where there is aggressive behaviour, sexual behaviour, inappropriate behaviour but there's a big group of our molester children who are completely asymptomatic who show no symptoms and ones that we cannot identify based purely on behaviour and that's a big reality and again I said that's what makes it so difficult.” – P(5)

The participant above referenced children with ISB as mostly having good social skills and not showing any clear “symptoms” or factors such as low social skills or aggression. The participant also mentioned that there may be behavioural “red flags.” Both narratives indicate that there are many children with ISB who do not present the way one typically believes they will. Similarly the following participant highlights that it is not the child who “is withdrawn and sitting in the corner” but a child who presents with “good social skills”, which is against previous perceptions of participants.

“I think they have really good social skills. It's not sort of the child that's like withdrawn and sitting in the corner. It's those ones that are in your face, kind of everybody loves them and everybody feels comfortable with them.” – P(3)

According to the participants of this study children with varying levels of social skills engage in ISB and that low social skills cannot be confirmed as a contributing factor.

The finding that a lack of social skills is not seen as a contributing factor contradicts previously referenced literature which supported that children who displayed ISB lacked social skills and showed inadequate social abilities (Varaden, 2016; Prentky et al., 2014; Omar, 2010; Booyens, 2003; Araj, 1997; Cunningham & MacFarlane, 1996; Taylor, Walton & Young, 1973). Booyens (2003) even states that children who display ISB live in social isolation and are withdrawn. Recent literature (Prentky et al., 2014) supports the above finding of Booyens (2003) and states that children with ISB show an emotional detachment and lack of social skills. This aspect should perhaps be further explored in other South African studies.

Subtheme 2.5: Prior victimisation

The fourth subtheme identified is that a history or prior victimisation was a contributing factor to children with ISB. Participants indicated that different kinds of abuse contributed to ISB, such as sexual, physical, and then other forms of abuse. These three categories will be discussed next.

Category 2.5.1: History of sexual abuse

The first category that came to the fore was that of a child with ISB having prior history of sexual abuse. Several participants noted that a history of sexual abuse was a contributing factor to children displaying ISB. Participants referred to this sexual abuse as either being experienced by the child or the child being exposed to sexual acts. The narratives to show the link between a history or sexual abuse and ISB are below:

“There’s always been a lot of evidence in the correlation of sexual abuse or inappropriate sexual behaviour.” – P(4)

“... I have to think about the cases, what was the cause like, many of the children, you know, I can’t give you a percentage of holding now, but many of those children have been exposed to, to sexual abuse, prior to that and I think it’s a huge contributing factor.” – P(11)

“Yeah, the thing is, if they’ve experienced that, they’ve seen it. Sometimes you see copying behaviour. And yeah, so just there’s already a seed planted. OK, where there is a child who hasn’t had any experience of sexual abuse, I mean

such behaviour would be more difficult for the child to actually think of such a thing.” – P(2)

“And obviously when you're sexually abused, you can also repeat that behaviour because over a period of time, it becomes completely normal [...] And then obviously I think there's a, a reaction that's not a repetition or it's not. it's a reaction to actually what's happened to you as opposed to just copying what's happened to you.” – P(18)

“Children who sexually abuse other children, they themselves have experienced sexual abuse or have witnessed sexual abuse or a sexual encounter or assaults. And they are re-enacting what they've experienced,” – P(6)

“So most of them been victims before been exposed through, inappropriate behaviour.” – P(15)

One participant mentioned that the perpetrators of these crimes are sometimes family members, which could mean that such abuse is never reported for fear of inciting a family scandal. This response is below:

“Children are being raped by their own family members and everyone covers it up [...] so the brother does it to his sister and she goes to someone else's house and does it there.” – P(1)

Other participants' responses identified that the child did not need to experience this abuse but may be exposed to sexual acts through people in the house engaging in sexual acts in front of the children. Sometimes these activities are illegal, such as prostitution. These narratives are below:

“Inappropriate sexual acts. Having sex in front of the child.” – P(1)

A mother who engages in prostitution and men coming in at all hours and the children see and hear and all those kinds of things.” – P(2)

From the above responses one can see that social workers view a history of sexual abuse as a contributing factor to children displaying ISB. Regardless of whether this

sexual abuse is experienced or witnessed, social workers believe it contributes to a child displaying ISB.

The finding that a history of sexual abuse is a contributing factor to a child displaying ISB is in line with several studies which determined that children who have experienced sexual abuse may display ISB more often than children who have not experienced sexual abuse (Varaden, 2016; Friedrich et al., 2007; Putnam, 2003). The participants did note that a child did not have to experience sexual abuse themselves but could also have been exposed to sexual abuse of sexual acts. This finding is supported in literature, where Kellogg (2009) and Philander (2018) state that witnessing partner violence is strongly linked to the experience of abuse, neglect and ISB in children. Silovsky and Bonner (2003) who laid the foundation for Kellogg's research, identified that ISB is consistently linked with early, developmentally inappropriate exposure to sexual knowledge or behaviour. The response of the participants is thus in line with the literature study which noted that many authors see prior victimisation as a contributing factor to ISB (Naidoo & Sewpaul, 2014; Booyens, 2003; Hoghughi et al., 1997; Polusny & Follette, 1995).

Category 2.5.2: History of physical abuse and neglect

The second category that came to the fore in this subtheme was a history of physical abuse and neglect. Participants identified physical abuse and neglect as a type of abuse which contributes to a child displaying ISB. A participant mentioned that ISB could be developed from behaviour where children displayed ISB as a result of the abuse. The narratives are:

"I know children who are physically abused they detach from their bodies so then they will do things to "self soothe" but then it's inappropriate and it becomes a coping mechanisms to masturbate [...] you're exposed to especially at a young age then it will come up and you might act on it. So I think it's a lot of physical stuff that your body is exposed to and also if it's physical you're not in touch with yourself so you're detached and with physical abuse it's what is soothing. And with neglect that goes with it too." – P(6)

“Most of them are, (meaning abused and neglected) ... it's a lot of neglect and they kind of left to their own devices and neglect abuse, a lot of ... physical abuse.”

– P(3)

The finding that a history of physical abuse and neglect are contributing factors to ISB is confirmed in limited South African literature which indicates that a history of physical abuse and neglect was present in children who sexually abused other children or engaged in ISB (Artz et al., 2016; Naidoo & Sewpaul, 2014). A contributing factor to a higher incidence of children displaying ISB in South Africa could be that there is such a high incidence of children being neglected in South Africa (Artz et al., 2016). Although literature is limited on physical abuse specifically pertaining to ISB, there is a South African study of Dhabicharan (2002) which highlighted that young male children who sexually abused other children all had a background of being exposed to some type of abuse, including neglect.

Category 2.5.3: History of some form of trauma

The third category that emerged was that children who displayed ISB could have a history of some form of trauma as captured by a few participants. Participants did not feel it would be fair to attribute one form of abuse to contributing to a child displaying ISB and felt that any form of abuse or trauma was a contributing factor. Participants meant trauma to include negative experiences that a child might have witnessed or overwhelming experiences that the child might have had. Participants' responses are below:

“I can comfortably say that lots of them have experienced some form of previous trauma that is internalised by these children and then is almost displayed.” – P(5)

“I think the majority of children who display ISB experienced some form of trauma.” – P(6)

“They repeat sometimes what has been done to them, even if it's just hitting or smacking or chanting, you can see their reaction.” – P(13)

“Most of the children that are perpetrators, they have not been sexually abused. Okay. That I find other types of abuse, maybe. Other types? Uh, yes.” – P(7)

“They experienced something at home and they cannot pinpoint that it's abuse.”

– P(8)

“Other kinds of abuse as well, opens a door.” – P(11)

One participant highlighted that prior victimisation does not necessarily lead to children displaying ISB, but that whether there was prior victimisation should be explored. Her response is below:

“I don't think all prior victimisation leads to ISB, but I do believe that when there is ISB it should be explored whether or not there was previous victimisation.” –

P(4)

From all the above-mentioned responses it is clear that the participants were of the opinion that a history of some form of abuse would be a contributing factor to a child displaying ISB. This finding, namely that any form of abuse or trauma would contribute to children displaying ISB, is reiterated in other studies. Polusny and Follette (1995) found that ISB stemmed from a previous experience of victimisation in any form, revealing the long term effects trauma can have. Naidoo and Sewpaul (2014) conducted South African-based research and found that young male children who had a history of sexual, physical and emotional abuse and/or who suffered from neglect, displayed ISB. Concerning the participant who concluded that a history of trauma does not always lead to ISB; there is literature that supports the notion that abuse is not always seen as the cause for children displaying ISB (Artz et al., 2016; Varaden, 2016; Barnes et al., 2009; Friedrich et al., 2007; Putnam, 2003).

Subtheme 2.6: Influence of values and beliefs

The sixth subtheme identified was the contribution of values and beliefs to children displaying ISB. Participants were asked about their view on values and beliefs being a contributing factor to children displaying ISB as there is limited research on values and beliefs and the relationship to CSA, let alone to ISB. One category was identified below, namely that the caregiver's values and beliefs may influence a child's ISB.

Category 2.6.1: Caregiver's values and beliefs

The only category identified in this subtheme was that the caregiver's values and beliefs contributed to a child displaying ISB. Participants felt that if a caregiver had a strong value and belief system this could affect the way children behave. Likewise if a parent or caregiver engaged in sexual acts or illegal activities in front of their children it would create a belief within children that such behaviour was acceptable. This view is in contradiction to the previous category where it was found that children under the age of fourteen were too young to have an established value and belief system which then contributes to children displaying ISB. The response is below:

"These things are just permitted and allowed and that it's okay to have sexual relations in front of your children. [...] Definitely those children have a greater potential to display this behaviour." – P(3)

The participant mentioned that the morals and values would indicate to children that certain behaviour is not correct, implying that children learn values and belief systems in their families that could influence their behaviour.

"Different factors have a different impact definitely your morals and your values because you know how you were brought up tells you that it's not right and maybe something even within you start to stir and tells you it's not right." – P(9)

Another participant specifically mentioned that the morals and beliefs of the caregiver has a big impact on the behaviour of children.

"So I think the morals and the beliefs of the caregiver has a bigger impact. So if the parents are very religious [...] And you know, if they say, I think in that age group, the parent, the parental figure, the primary caregiver, wherever they spend [...] that values and morals have a bigger impact." – P(4)

"Stemming from your parents' values and beliefs or how you've been raised or your culture or religion, so that I think plays a huge role." – P(17)

"I think if the parents had been a little better at keeping them under control and teaching them and things, then they may have been able to have learned not to do that." – P(18)

Other participants contradicted the narratives above by indicating that values and beliefs had no influence towards children displaying ISB. Some participants felt that given the age of the children the researcher was focusing on, values and beliefs could not be seen as a contributing factor for children under fourteen who display ISB as children under the age of fourteen had no concept of a belief system. The responses of participants seeing children displaying ISB under fourteen as being too young to have values and beliefs are seen below:

“With the younger children, it's very difficult to say. I mean, at what point does a six-year old have a value system or beliefs?” – P(2)

“But I don't think in under fourteen.” – P(3)

“I, I have not seen that beliefs and values necessarily plays a role in inappropriate sexual behaviour.” – P(11)

The finding that a caregiver's value and beliefs is a contributing factor to children is supported in international literature. De Graaf and Rademakers (2006) believe that the cultural context or family influences what sexual behaviours are seen and accepted in young children. Likewise, Vosmer, Hackett and Callanan (2009) supported this concept in their study where participants agreed that their own values influenced views on sexual behaviours and that these values may have been influenced by religion or parental values and beliefs. Thigpen et al. (2003) hold the notion that religious beliefs influence sexual behaviour and how sex is viewed. Although the response of some of the participant social workers shows that values and beliefs cannot contribute to a child displaying ISB, there is no South African literature in support or against this finding. No other research findings within South Africa shows the influence of a caregivers' values and beliefs on a child who displays ISB, yet participants referenced that a child's values and beliefs stem from the caregiver and what the caregiver teaches their children. It was previously mentioned that limited research has been conducted on the contribution values and beliefs make towards ISB children display.

While some participants contradicted this finding, literature supports the participants' responses that a caregivers' values and beliefs do contribute to ISB, this is also experienced when the subthemes of the family and the influence of contributing factors within the family are discussed.

(a) Subtheme 2.7: The family environment

When examining children within Bronfenbrenner's ecological perspective, they are seen as nested within microsystems and not just as individuals with their own characteristics, but also showing the characteristics of their families. These interactions with the family influence a child's development and illustrate the importance of parent-child relationships. At this level Bronfenbrenner built onto the works of theorists Ainsworth (1969) and Bowlby et al. (1965), who argued that attachment was vital for a child's development and that this bond was not present at birth, but that it developed through interaction with the families (Rosen & Rothbaum, 2002). For example, some important microsystems for youth may include the interactions between parents, family members and home environments. These systems and their relation to contributing towards a child displaying ISB will be explained below.

Participants were asked to describe the influence of family on children who display ISB. Participants were able to identify that caregivers were often absent and therefore left a child unsupervised, thus providing a child with the opportunity to engage in ISB. Other participants felt that the home environment was often one of dysfunction where children were exposed to sexual acts or illegal activities and where these were seen as normal; thus letting the child know that displaying ISB was also acceptable. Only one category emerged within this subtheme, namely that an absent caregiver resulted in a lack of supervision.

Category 2.7.1: Absent caregiver resulting in lack of supervision

The only category found in the participants' responses was that of the child displaying ISB because the absence of caregiver contributed toward the inappropriate sexual behaviour. Thus, they were of the opinion that when a caregiver was absent the children who were now displaying ISB, were left unsupervised which allowed them the opportunity to be exposed to illegal or violent activities or material, or to engage in ISB. This is demonstrated in the following narratives:

"There's no parental supervision, the children are left to do whatever they would like to do and how they would like to do it." – P(7)

"Yes, I do. I see a lot where children are left to their own devices." – P(13)

Some participants identified the reasons why caregivers were absent as either being uninvolved with the children, engaged in substance abuse, or too busy with work. They said:

“And the more absent or uninvolved or strict or closed-minded family is the worse the impact is on the child.” – P(5)

“Where there was maybe absent parents or substance abuse ...” – P(15)

“So the parents are always under the influence so the children have to take care of themselves and they care for their siblings.” – P(1)

“Parents are always too busy or always either work [... or] with the other children.” – P(7)

The finding that an absent caregiver or the lack of supervision resulting in little involvement with the children, is a contributing factor to ISB is important in the South African context. In South Africa it is somewhat common to have an absent caregiver who leaves children unsupervised (Mkhwanazi et al., 2018). Artz et al. (2016) found that a caregiver could be absent due to a multitude of reasons, such as being hospitalised, having to work elsewhere, or being in rehabilitation. Any of these reasons would have the effect that children would be left without supervision creating more opportunities for sexual abuse to take place. Almost a decade ago, Kellogg (2009) found that an absent caregiver would also provide opportunities for children to access pornography and to engage in ISB.

Several authors mentioned that an attachment with a primary caregiver is seen as a deterrent for ISB (Philander, 2018; Creeden, 2009; Hackett, 2014; Anda et al., 2006; Weiss & Wagner, 1998; Felitti et al., 1998; Finkelhor & Kendall-Tackett, 1997). Both national and international research show the impact the lack of a caregiver or guardian may have in contributing to ISB in children, either by not providing a stable relationship, or by providing opportunities for ISB to be engaged in and to gain access to illegal materials (Philander, 2018; Varaden, 2016; Artz et al., 2016; Hackett, 2016; Kellogg, 2009). An absent caregiver would also contribute to a lack of attachment that usually develops between children and a caregiver and which could result in adults with sexually abusive or deviant manner (Varaden, 2016; Omar, 2010). Furthermore, it has

been found that children who display or engage in ISB have experienced parental separation (Philander, 2018; Varaden, 2016; Roestenburg & Oliphant, 2008; Heiman, 2001; Booyens, 2003; Gray et al., 1997; Kendall-Tackett et al., 1993). As the participants noted the absence of a caregiver as a contributing factor, the findings of the above-mentioned authors confirmed the participants' opinions, namely that the lack of a caregiver is a contributing factor to children displaying ISB.

Subtheme 2.8: The home environment

The second subtheme was that the home environment where the child displaying ISB grew up in or resided at, contributed to ISB being expressed in children. According to the participants the home environments of children who display ISB often involved overcrowding where several members of the extended family would reside. Overcrowding would often create a lack of privacy for parents to engage in sexual intercourse without the child seeing. Participants therefore felt that a lack of privacy in the home environment would cause children to witness activities which could be regarded as a contributing factor to children who display ISB. Two categories were identified under this subtheme, namely a lack of privacy within the household and being placed in a children's home. These categories are explained and discussed below.

Category 2.8.1: Lack of privacy

The first category within this subtheme was that a lack of privacy at home allowed children to be exposed to illegal or inappropriate activities. Participants referred to children who display ISB coming from home environments with no privacy resulting in adults engaging in sexual activity in front of their children, because an overcrowded living space cause them to have to share a room. The responses of the participants are as follows:

"At home and exposed to their parents, having sex in the same room as them." – P(3)

"When you share a room with your child, whether they are awake or asleep, that also has impact on how they view sex." – P(4)

“Same as mother and father, you sleeping in the same room as the children, there is exposure there. They think the child is sleeping, but then in the meantime they not, and it's just that kind of exposure overcrowding in the house.” – P(8)

“Would have a one room where there's only one room and there's a mother and a father and they do their sexual activity thinking the child is sleeping.” – P(10)

“The reality is that the children sleep in the same room and they see their parents being sexually active.” – P(11)

Other reasons for the lack of privacy was that the houses were small, often with limited rooms without doors. Narratives are below:

“She only had one, like two, it was a two bedroom, but there was no door on her, you know. So I'm sure you heard what I'm doing and so forth.” – P(7)

“Lots of their houses were small so limited privacy and they saw a lot what mama and boyfriend, or mom and dad were doing in the house so they were exposed a lot.” – P(9)

Some participants indicated that the children reside in homes where illegal sexual activities such as prostitution or sexual abuse were taking place. Participants mentioned that mothers were exposing children to situations where they would observe men visiting the house and engage in sexual activities in front of the children. These narratives are:

“A mother who engages in prostitution and its men coming in at all hours and the children see and hear and all those kinds of things.” – P(2)

“See mom with all different kinds of men coming home, doing some things on the couch or in a public space where the child might see what's going on.” – P(2)

One participant indicated that children were sexually abused in a house with little privacy and that this was often accepted and witnessed with no intervention. This narrative is below:

“The children I have dealt with come definitely from your low socio-economic classes where it's a one bedroom to make 'oulik' (to engage in sexual intercourse)”

it's a game it's not something that you keep for some of that you love, we make 'ougat' (to have sexual activities)." – P(9)

The above narratives indicate that it is participants' views that children of homes with a lack of privacy witness inappropriate acts, such as sexual abuse or prostitution, or hear and see their parents having sex. It was thus found that a lack of privacy could be seen as contributing to children displaying ISB, mostly because these children were exposed to illegal and/or sexual activities or sexual abuse, which they then modelled. Friedrich, Fisher and Dittner (2001) believe that children who were raised within families where family members bathe together, have sexual activities in front of children, or have little privacy when dressing, are more likely to engage in ISB. The participants referred to caregivers engaged in nudity and sexual activities within earshot or view of children. More than a decade ago, Finkelhor et al. (2009) stated that children of families who had extended family members, stepfamily members, partners, etc., may be exposed to more unrelated and perhaps predatory or aggressive people, because there is a larger social network, the parent is dating frequently, or there are more frequent moves of the family.

Internationally overcrowding is seen to increase the risk of sexual abuse (Cant, O'Donnell, Sims & Harries, 2019). In South Africa, Artz et al. (2016) found that households with a higher sleeping density, for instance where one room was shared by all, increased the likelihood of sexual abuse. Richter and Dawes (2008) state that the opportunity for sexual abuse to take place in an overcrowded home is worsened by a lack of resources to provide adequate housing or limit the number of people that are housed together, thus causing more children to be at risk in South Africa of eventually displaying or engaging in ISB.

Category 2.8.2: Placement in children's homes

The second category identified within this subtheme was that children who were placed in children's homes often engage and display ISB, therefore placement in a children's home could be seen as a contributing factor to ISB. Participants noted that children they intervened with, were often placed in alternative care or in a child and youth care centre (CYCC). This process would occur when a social worker found that a child was in need of care and protection in accordance with any of the reasons indicated in

section 150 of the Children’s Act. While the removal of a child is done to protect a child and prevent further harm, participants felt it created an environment in which children could engage in ISB. It is important to note that children placed in children’s homes must have experienced some form of trauma to have been identified as in need of care and protection in terms of section 150 (1) of the Children’s Act. Furthermore, the main grounds for the removal of a child in terms of section 150 (1) is based on a child being abused, neglected and/or sexually abused, as well as exposed to circumstances which were not conducive for the development of the child (Republic of South Africa, 2005). Added to this is that it was already noted how a history of any form of abuse could be regarded as a contributing factor in children displaying ISB. Therefore, children who have experienced prior victimisation and who were then placed in children’s homes are seen as children who could, due to these contributing factors, develop ISB as seen in narratives below:

“They get removed and placed in the system and that’s where a lot more ISB happens, in a children’s home. You put a lot of children together who have all been abused- what do you expect? The system does more damage once you’re in it.” – P(1)

“They were basically victimising each other. And that’s why it’s trickling down into the fact that the boys in the home are raping each other on a daily basis.” – P(6)

“If a child that experienced ISB is placed in a children’s home where we know ISB is more likely to occur, unfortunately, you know, you’re making it (expletive) worse.” – P(8)

Two participants indicated that ISB is more “intense” and less “diluted” in CYCCs compared to ISB that children display at school. This is found in the responses below:

And unfortunately, all children, all the children with social problems they’ve experienced so much trauma. And things escalate, whereas maybe if you had, for example, in a school you have maybe one or two children who have experienced trauma or abuse, sexual abuse, and that’s diluted in a class or in a grade of maybe 50 children versus you’ve got a children’s home packed with traumatised children who are acting out their trauma in their own way. That’s just a recipe for disaster.” – P(2)

“I wonder sometimes, I feel in the children’s home it was more intense [...] I think a children’s home setting encourages ISB but I don’t want to say that but it comes out a lot more and I found it more intense at the home than at school [...] but I think it happens more in children’s homes.” – P(12)

The finding that being placed in a children’s home as a contributing factor was not previously mentioned, nor was it identified in the literature study. In South Africa, Varaden (2016) identified that 45% of children were being admitted into CYCCs. Ten years prior to Varaden (2016), Masten (2006) found that many children in South Africa were living in CYCCs and were being cared for by childcare workers. With so many children in South Africa placed in CYCCs, the narratives indicate that children’s homes were providing opportunities for children to influence one another and engage one another in ISB. Some participants indicated that the ISBs displayed are more intense in CYCCs than those displayed within schools.

There is existing research on CYCC’s contributing to ISB in children. Internationally authors (Martin, 2014; Dozier, Kaufmann, Kobak, O’Connor, Sagi-Schwartz, Scott, Shaffer, Smetana, van IJzendoorn & Zeanah, 2014; Chaffin, Silovsky, Vaughn, 2005) found that harmful environments were created when traumatised children were placed together in CYCCs, especially children with behavioural issues. Hornor (2010) believes earlier models of childhood sexuality did not consider that CYCCs provided extensive contact with peers who had an impact on children’s sexual behaviour. Varaden (2016) implies some male children who were placed at CYCCs, came into the residential setting as victims with intense feelings, thoughts and behaviours. These signs and symptoms of trauma were then often exacerbated due to the stress of living in a group home. Everson and Faller (2012) find that many boys in children’s homes who were victims, began to present with ISB, including offending sexual behaviour.

4.5.3 Theme Three: Contributing factors within the mesosystem

According to Bronfenbrenner’s model (1979) the mesosystem represents interactions between systems. These interactions between systems could be seen as contributing factors for changes within the child’s development. The mesosystem goes one step further and addresses the relationships and influence between different microsystems. These interactions between systems could be the contributing factors to changes in

the development of a child. Ward (2007) continued this stream of thought by noting that a risk in one system may affect the level of risk in others. Two subthemes were identified within the mesosystem, namely the school and the peer group. Both subthemes are systems with which a child interacts with regularly and are discussed below.

(a) Subtheme 3.1: The school

The first subtheme identified within the mesosystem was that of the school. Participants were asked how they viewed that a school environment could contribute to the presence of ISB in the children they intervened as, for the purpose of this study, all children under the age of fourteen are legally required to go to school. Participants described their views on the contributing factors which could be present within the school environment. Two categories were identified, namely that sexual education in schools was insufficient and that a lack of supervision within schools provided opportunities for ISB to take place.

Category 3.1.1: Insufficient sex education in schools

The first category identified in the subtheme was that sex education in schools is insufficient and is therefore not effective in preventing ISB in children. Participants described sex education within the school setting as being inadequate. Some participants felt that schools often fell short in educating children about sexuality and that lessons were superficial with no one engaging with the children. Other participants felt education was often focused on blaming or shaming children. The narratives are below:

"I think the school is (responsible for sex education) and I believe that it is the family's responsibility to give proper sex education. Like not the whole do not have sex before you're married kind of sex education, like proper sex education, to fully inform children about everything." – P(11)

"It's one thing to talk about sex in life orientation and about sex education but it's another thing to facilitate conversation and to follow the correct protocol a lot of the time it is the blame and shame." – P(5)

One participant felt legislation around sexual abuse and sexual offences should form part of the curriculum to educate children on the consequences of their behaviour. This participant indicated:

“Educate our children more, in terms of the legislation as well, or even if we, as, the (mentioned name of organisation) should go into the schools and like our crime prevention programmes and so forth should educate children on inappropriate sexual behaviour.” – P(7)

It was found that insufficient sexual education was a contributing factor to ISB in children as it does not educate children on sex nor provide children with an understanding of what is appropriate or inappropriate sexual behaviour, despite evidence that this should form part of the curriculum across schools. Participants noted that there was a lack of legislation included in the sexual education curriculum and that the education was insufficient and superficial, not providing learners with information on how to cope with ISB. This view is confirmed by Lloyd et al. (2020) who noted the same in their study in the United Kingdom where there was no evidence that students were taught or provided with knowledge on how to manage or respond to ISB.

The participants' views that teaching should include education on ISB and on legislation is confirmed in literature reviews of school-based prevention programmes which supported that learners should take part in sexual awareness programmes including protective skills and understanding appropriate and inappropriate sexual behaviours (Lloyd et al., 2020; Philander, 2018; Fry, 2015; Walsh et al., 2015). South African studies found that sexual education was necessary but should be specific to the South African context which is something one participant highlighted when she asked for legislation to be included in the education classes on sexual education (Philander, 2018; Artz et al., 2016).

Category 3.1.2: Lack of supervision in school settings

The second category was that of a lack of supervision in school settings creating opportunities for ISB to take place. Children spend a significant amount of time at schools. Two participants noted that schools provided spaces where there was no supervision, thus allowing for children to engage in ISB with one another. The two narratives are seen below:

“To explore and play and they go into a little tunnel with each other and one goes pants down. And the other one we have to try we have to try and say to the school, you know, you need to look at that.” – P(13)

“They cannot play without supervision, there are no tunnels for playing. You have to remove all the opportunities and keep them busy so there’s no chances.” – P(12)

According to the views of participants, ISB takes place at schools. However, it must be pointed out that schools are not the only settings for ISB to take place, and that children could display or engage in ISB outside of school environments, even though current research supports the idea that ISB takes place in schools (Lloyd et al., 2020; Philander, 2018; Varaden, 2016; Artz et al., 2016; Omar, 2010). Lloyd et al. (2020) noted that displays or engaging in ISB often take place in the bathrooms and on the playgrounds. A pilot study conducted in Australia in preschools, primary schools and out-of-school care settings found that almost half of school educators had witnessed children displaying harmful sexual behaviour in educational settings. Educators reported observing children engaging in ISB, self- and peer-masturbation (Philander, 2018; Meiksans, Bromfield & Ey, 2017; Ey & McInnes, 2017). Philander (2018) highlights that according to most South African schools’ code of conduct, the governing body is responsible to implement policies and procedures to prevent all types of abuse, including ISB.

Subtheme 3.2: Influence of peer groups

The second subtheme identified is that peer groups may contribute to ISB in children. Omar (2010) believes that a child’s peers should be afforded as much weight in influence as the child’s family and school. Participants noted that peer groups had a negative influence on ISB in children. Therefore, participants were asked about their experience of the influence of friendship groups and the role these groups play in children displaying ISB. Only one category was identified within this subtheme and that was one of peer pressure.

Category 3.2.1: Peer pressure

The only category within this subtheme was the negative influence that friendship groups can have on children who display ISB by invoking peer pressure for children to engage and participate in ISB. Several participants felt friendship groups contributed to ISB in children in a negative way. This influence centred around children encouraging one another to engage in ISB and to expose children to ISB. Narratives also alluded to peer pressure being experienced when one person displayed ISB and involved others to do the same. The narratives are:

“So peer pressure plays a big role in the case, children are programmed to play with children who share the same beliefs and interests, so they talk about it, then it becomes the norm, and they see no fault and then the dynamics of group formations develop. They almost become a gang, three or four boys who pull another boy into a bush.” – P(1)

“Yeah I think they play a big role because yeah it depends on, they may expose the child to whatever they are busy with. I think especially in places like the Cape Flats where there is gangsterism that whole ‘peer pressure’ thing plays a role again. To be in a gang you have to do certain things and a group can have certain expectations and often that is inappropriate behaviours. In today’s world it is often sexualised to be accepted and to feel like they belong.” – P(12)

The finding of peer pressure being a contributing factor to ISB is one that is supported in literature (Artz et al., 2016; Varaden, 2016; Omar, 2010). Participants noted that peer pressure is something that can encourage children to engage in ISB. In South Africa, both Omar (2010) and Artz et al. (2016) found that a child’s peer group could indeed encourage a child to engage in ISB involving pornography and acting out on one another sexually. Artz et al. (2016) further found that children who engage with others who display ISB put a child at risk for also engaging in that same behaviour.

4.5.4 Theme Four: Contributing factors on the exosystem

The exosystem refers to areas which children who display ISB may have limited direct interaction with, but which interaction nonetheless affects them (Ward, 2007). This level would include the media and the greater community, specifically the social sphere

and personal relationships (Ward, 2007). With a rise in access to media and the ability to form relationships and share information via various platforms, children have access to violent and illegal material. Participants were asked about their views on contributing factors in the exosystem concerning children who display ISB. Participants identified social media, the internet and access to child pornography as being contributing factors within the exosystem. The subthemes and categories found within this theme will now be discussed.

(a) Subtheme 4.1: Social media

The first subtheme identified is that the social media contributes to children displaying ISB. Narratives indicate that social media platforms, such as TikTok and Instagram, provide anonymity for children to comment inappropriately on each other's videos or images. Similarly social media platforms overwhelm children with material that may have a sexual undertone. These create an unrealistic expectation of what is appropriate and what is not. The responses are recorded below:

"Social media and internet access it plays a significant role." – P(5)

"All social media contributes to specifically to children and teenagers, obviously."
– P(18)

Participants identified different social media platforms, such as TikTok, Instagram and Facebook, as creating unrealistic expectations for the way in which people behave or for creating unnecessary ideas of the way in which people interact with each other. One participant noted that boys sent suggestive messages via TikTok while another participant said that Instagram and Facebook overstimulated children with sexual messages. These narratives are below:

"She posted a video once [...] TikTok dance and the dance. No, it was very provocative. So the grade six boy commented on her status and said, he will 'lick there' [...] and she's also only 13 years old and he's 12. And he said to her, 'I will lick that'. And I'm thinking, Oh my word, a 12-year old, to just say that in the first place. But second of all, would you comment on somebody else's video about that? Yeah. And the fact that they speak like that, [...] so it's concerning because now children that age have their own phones." – P(7)

“Because of social media and what children are exposed to, they are just exposed to such a bigger, a much bigger platform that we were maybe exposed to when we were like six or seven years old and they see how celebrities, you know, perform and, what they do and they, see as maybe appropriate and, because of that exposure and they like constant exposure, I, it definitely has an influence on how they see the world, how they see themselves.” – P(11)

“And I think it's like media sells sex that way, [...] and they, boys think it's okay for girls to be dressed like that and to comment on her dress like that and put it into practice outside of a screen, it should also be okay. Yes, exactly.” – P(7)

“Instagram and Facebook there's all over they get overstimulated with what they see and how you look and what you should do and it's all a sexual overtone and it feeds into their brain.” – P(12)

Two participants highlighted that parents and caregivers did not know how to handle social media with children or how to block these platforms or restrict access. Participants also indicated that caregivers were often not aware of social media and the influence it may have or how to restrict it. These narratives are below:

“So it's all happening in their face, they cannot get away from it. And I think that parents do need to practice some kind of restraint or at least educate them as to, you know, yes, it's in the media, it's in your face. [...] So it's all, it's all up in their faces.” – P(8)

“And I really do not think that parents are aware of the kind of pornography and children are really good with technology, maybe better than some of the parents, especially children in foster care, maybe living with their grandparents. And this is a huge generational gap ... and then they're not always aware of what their children can actually do with a phone and what they can actually access on their phone.” – P(11)

The findings that social media contributed to ISB in children, by sexualising children and exposing them to pornography or media of a sexual undertone, is found to be a contributing factor. There has been some research on the effects of exposure to sexualised behaviour through witnessing it on television and how children who see

these messages may perpetuate observed behaviour (Philander, 2018; Varaden, 2016; Omar, 2010; Kellogg, 2009).

(b) Subtheme 4.2: Access to child sexual abuse material or pornography on the internet

The second subtheme to emerge was that of the internet and a child's access to pornography and child sexual abuse material. One category was identified within this subtheme, that access to the internet provided access to pornography websites. The internet has created new spaces for children to experience sexual abuse. With the increase of access to the internet social workers are finding that children are accessing and being exposed to pornography more often. Narratives even showed that occasionally caregivers exposed their children either deliberately or by a careless mistake. Participants also showed the need for caregivers to be aware of the dangers of pornography and to restrict access to such material. Participants noted that pornography and access to pornography was a contributing factor to children displaying ISB as it exposed children to illegal materials or encouraged re-enactment of what they had witnessed. The only category is discussed below:

Category 4.2.1: Access to pornography websites

The only category identified within this subtheme was that participants identified access to the internet specifically allowed for access to pornography websites. Several participants noted accessing pornography websites influenced children's ISB even commenting that caregivers were not aware of the effect pornography could have on a child and sometimes exposed children to pornography. The narratives are:

"Um, and then there are some children who have come in exposed to pornography." – P(3)

"I think it's the same with pornography or even with sexual (exposure) you know it's like one opening a small opening and it can affect and spread like a wildfire." – P(9)

"Um, with this pornography easily available. Definitely those children have a greater. Um, potential to display this behaviour experienced." – P(3)

“Like it's the porn, you know.” – P(4)

Participants echoed what was said about caregivers and their lack of awareness on the accessibility of pornography and children. These responses are below:

“And I really do not think that parents are aware of the kind of pornography and children are really good with technology, maybe better than some of the parents, especially children in foster care, maybe living with their grandparents. And this is huge generational gap. Um, and then I'm not always aware of what their children can actually do with a phone and what they can actually access on their phone. I do not think parents think that the pornography, that if they know what the children are looking at [...] I just think that many of them are completely unaware.” – P(11)

“... a pornography, um, on cell phones and younger children, as young as seven were exposed to it.” – P(3)

“And then also the absolute accessibility of pornography. It's so far ...” – P(4)

Some participants even referenced caregivers and friends as being the first people to expose children to pornography who then react to this exposure by displaying ISB, whether intentionally or by accident for example when giving a child an old cell phone. Participants said:

“Yeah. And then she also said like, most children are exposed or they first saw pornography on their parents' phones and their parents gave them, um, because they didn't know that the pornography was on there.” – P(11)

“And boys spread it around. They share it with each other and they watch it together so then the idea develops to do it to someone else like another boy or girl.” – P(1)

One participant noted that watching pornography made children want to re-enact it with other children or create their own pornography. This narratives is below:

“But they watched pornography. And that is how he actually wanted to experiment, any experiment on his sister.” – P(7)

From the above participants' comments, it is clear that exposure to pornography and child sexual abuse materials through different platforms, including the internet, are contributing factors to a child displaying ISB. Exposure to pornography or sexual abuse make children more susceptible to wanting to watch more or to engage in ISB. This finding is confirmed in literature where ISB is consistently linked with early developmentally inappropriate exposure to sexual knowledge or behaviour (Martin, 2014; Johnson & Aoki, 2014; Government of South Australia, 2013; Omar et al., 2012; Friedrich, 2007; Kellogg, 2009; Silovsky & Bonner, 2003). The finding that the influence of pornography on children wanting to replicate the behaviour is confirmed in research by Radford et al. (2012) who sees that when children view child sexual abuse materials it may increase their desire to replicate such action.

4.5.5 Theme Five: Contributing factors on the macrosystem

This macrosystem-level embodies areas of influence such as government policy and legislation as it pertains to ISB. According to South African literature, key elements in Bronfenbrenner's ecological perspective are the interactions between the various layers and nested systems, none of which should be examined in isolation (Omar, 2010; Ward, 2007). Participants were asked to identify contributing factors they found to be present within the macrosystem. Participants identified two contributing factors to children displaying ISB, namely a failing justice system and the presence of a transgenerational cycle of abuse within communities in South Africa. Both these factors are endemic of a greater problem South Africa faces as a result of Apartheid and the lingering effects of social and class inequality (Redpath, 2012). Two subthemes were identified within this theme and will be discussed next.

(a) Subtheme 5.1: The failing justice system

The first subtheme in the macrosystem is that the legal system in South Africa has not been implemented effectively thereby causing perpetrators not to have been sentenced correctly or sufficiently for their crimes. Participants identified that children may feel there are no consequences for engaging in ISB as they have not seen the justice system being implemented effectively. The participants narratives are below:

"I think our justice system, I think the justice system fails all sexually abused children." – P(6)

"Yes, because there's no sense of consequences." – P(6)

"So you can do what you want and break and make do anything, consequences are I can get away with it, the whole system is failing the children over and over." – P(12)

Participants felt that they tried to utilise the justice system yet saw that their efforts were often futile as the process for reporting was not complete or was unsuccessful. Participants' responses are below:

"... even I would sometimes recommend to the parents that they would have to ... what'd you call that report primary report the case to police, to the police officers, but that didn't happen, but there was no real legal steps that in those cases, because the police would only say that they're children and it would kind of just fizzle out." – P(6)

"Um, I never had, unfortunately a successful incarceration." – P(4)

"The perpetrator gets reported and locked up but the cases just ... I feel the justice system leaves children in the lurch. Because it's very rare that people are found guilty. So you can go today and rape a child and tomorrow you are out again and it's ten times more traumatic for the child to see your face and know what you've done." – P(1)

"Sometimes, and I think that's also a common problem in South Africa, that our legislation obviously it has gaps, but our legislation is amazing and compared to a lot of other countries in the world of a very high standard. But the problem is the ability to enforce those legislation. And is it being enforced now? No." – P(2)

Some participants felt that children would then go and perpetuate crime because there would not be any consequences, making them think that ISB was acceptable. The responses are below:

"Daai kind doen dit saam met iemand anders en hulle aanvaar dit net, want dis normal dit word die norm."

(That child then goes and does it to someone else because, it's normal, it becomes the norm.)" – P(1)

“You do to the child, the child does it to somebody else and it sort of carries them.”

– P(18)

It has thus been found that the failing justice system is a contributing factor to children displaying ISB as it sets a precedent for no one to be prosecuted for their crimes. The system’s failure to successfully prosecute criminals should be researched further. It is known that Child Protection Organisations (CPO) in South Africa are overloaded and lack resources which may be a reason for them lagging behind with their cases and for the unsuccessful pursuit of justice (Pistor, 2019). Another result of the lack of successful prosecution in South Africa is that there is no system that accurately captures up to date reporting and statistics. Added to this is the reluctance of people to report children who display ISB. This was supported by the Optimus Study (Artz et al., 2016:34) which found that, despite the obligation to report, under-reporting of sexual abuse is ubiquitous. It can thus be said that the lack of successful cases of prosecution leads to a lack of accurate data on the prevalence of ISB in children.

Subtheme 5.2: Cycle of abuse

The second subtheme within this category was that the communities where these children reside were accepting ISB as normal. This acceptance could be seen as an extension of the previous subtheme as a failing justice system could result in a culture where it is accepted that there is no punishment for crimes. Participants felt that because caregivers were experiencing abuse in their upbringing, they were quick to accept that abuse was normal or that the child would be fine because they perceived themselves to be fine. The participants’ narratives of this cycle of abuse contributing to ISB are below:

“You know, it’s the circle that run that, you know, this, the cycle of abuse essentially, you know, the way it is ...” – P(4)

“... that they are not installing certain things in the children it’s as easy as like the cycle man, it starts off.” – P(8)

“I think it’s a vicious cycle.” – P(12)

“At what point does that, does that, um, cycle sort of break? Like at what point does somebody take responsibility? Yes.” – P(13)

"It's a pattern, a cycle." – P(1)

"Okay. So it's almost like a, it's a cycle that happens, which is very sad." – P(7)

Two participants highlighted that this cycle is perpetuated within families and creates a pattern. These responses are below:

"Children are being raped by their own family members and everyone covers it up [...] so the brother does it to his sister and she goes to someone else's house and does it there." – P(1)

"That child then goes and does it to someone else because it's normal, it becomes the norm." – P(1)

"Also like there's one child, who's doing something. And then one child is showing everyone else how to do something or is doing that thing to somebody else who then does it to somebody else." – P(18)

The finding that ISB is cyclical and that the cycle of abuse creates a culture of acceptance was clearly indicated. Participants view the cycle of abuse as a contributing factor to children displaying ISB. A cycle of abuse was never mentioned in literature as a possible contributing factor to children displaying ISB, and there is limited research in literature on a cycle of abuse and its contribution to ISB. The narratives show that participants see ISB as part of a pattern. This observation is confirmed by the World Health Organisation (WHO) (2020) that highlights that a child who is abused is likely to abuse others as an adult and that violence follows a cyclical pattern from one generation to the next.

Research suggests that abuse and neglect follow a recurring pattern across generations (Van Wert, Anreiter, Fallon & Sokolowski, 2019). In the literature study in Chapter Three it was seen that the social learning theory could underpin ISB in a research effort to identify that children emulate adult behaviour. The social learning theory could explain why children emulate ISB if they are exposed to or experience abuse and neglect which would support participants' views that ISB is a product of transgenerational abuse, making transgenerational abuse a contributing factor in children that display ISB.

4.5.6 Theme Six: Levels of the Integrated Service Delivery Model and the Framework for Social Welfare Services on which social workers mostly render services

Participants were asked what services they render to children who display ISB. Based on their responses services were clustered according to the Framework for Social Welfare Services (Department of Social Development, 2013), and the Framework for Social Welfare Services where it is indicated that there are four levels of service delivery. The levels are prevention, early intervention, statutory intervention, and reunification and aftercare. Social workers can render services on any of these levels, depending on what it seen as appropriate. Some social workers were appointed to render services on all four levels, and some were appointed to only render services on certain levels of the framework and work at offices where social workers perform different functions. Participants had various designations, including social workers appointed to render services on all four levels or those that rendered specialised services. Subthemes and narratives are outlined below.

(a) Subtheme 6.1: Early intervention services

Participants identified that they were rendering early intervention services. Early intervention services refer to social workers intervening with a family as they already identified risks that required their attention and to prevent those risks from intensifying to a statutory intervention level in terms of the ISDM or the Framework for Social Welfare Services (Department of Social Development, 2006; Department of Social Development, 2013). One category was found and is discussed below.

Category 6.1.1: Therapeutic programmes and counselling

The only category identified was that participants often referred children displaying ISB for therapeutic programmes and counselling as part of the intervention they rendered to children displaying ISB. Social workers would often utilise counselling and therapy to improve relationships and to uncover mental health conditions or previous trauma (previous trauma was noted to be a contributing factor to children who display ISB in subtheme 2.5) (Villines, 2019). Some participants identified that they rendered therapy to children who display ISB by rendering the services themselves or by referring a child who displayed ISB for intervention in the form of supervised contact, mediation,

therapy (specifically play therapy), and assessments. These participants' narratives are:

"So, counselling kind of services. I do supervise contact, where there was sexual abuse allegations of sexual abuse, um, and the conduct needs to be supervised. I do mediation." – P(11)

"So definitely therapeutic support ..." – P(17)

"At the moment its therapeutic if there is an incident I would not necessarily be a part of the reporting process that's not my capacity at the [...] I will do therapy." – P(12)

"Therapy is definitely, play therapy is just as good." – P(1)

"I was actually doing therapy and assessments, but the assessments were becoming too much time consuming and the therapy was also, you know, therapy's intense." – P(13)

Some participants felt therapeutic services fell outside of their scope of practice or that they lacked the capacity to render effective services in which case they would refer the children who display ISB to other organisations. These responses are below:

"Intensive therapeutic services to the individual clients. So we refer ..." – P(1)

"Yes. So I will do basically children ... not do that type of counselling myself, mostly. And I want it to be an outside person." – P(3)

"Do the referral for therapeutic services to the follow ups." – P(4)

"So we are referring, uh, to organisations that can do such things." – P(10)

It was found that intervention services were rendered on an early intervention level, and that these services included rendering therapy and counselling. The participants' views are in accordance with the recommendations of policy documents, such as the White Paper for Social Welfare (Republic of South Africa, 1997b), the ISDM (Department of Social Development, 2006), the Framework for Social Welfare Services (Department of Social Development, 2013) and legislation such as the Children's Act

(Republic of South Africa, 2005) which all state that statutory services should be the last resort and that other intervention methods should first be implemented or attempted. What is important to note is that some of the participants do not render therapeutic services themselves but refer their clients elsewhere. The therapeutic process may take place after a child has displayed ISB, however it is important to note that therapy may form part of the statutory process when recommended as part of sentencing or diversion.

(b) Subtheme 6.2: Statutory services

The second subtheme identified was that social workers rendered services on the statutory level of the ISDM. Participants said they rendered statutory services to children who display ISB. According to the developmental approach and ISDM, the focus of services should be on prevention, yet most participants indicated that they were rendering services on a statutory level, which could involve preparing a child for court, conducting a forensic assessment, attending to court proceedings or removing the child. Participants referred to rendering statutory services when removing a child, the responses are seen below:

“So you'll run statutory procedures with them, like go to court children's court, remove them if they need to be removed.” – P(15)

“... so to start off, then removal of children. So safety plans and that kind of stuff.” – P(6)

One participant noted that removing a child may form part of the court process. This narrative is below:

“So case work ranged from child protection in terms of removing a child (displaying ISB) that was sexually abused by a relative or whomever, the case might be within a household. It would be running through the court procedure with the family and you know that criminal system that runs with it.” – P(4)

Other participants referenced the forensic procedure which may include report writing, medical assessments and then recommendations. These responses are below:

“So I do pre-assessment. Pre-trials I do a victim impact reports. I do assessments, and I'm currently doing my internships, focusing on restorative justice.” – P(7)

“So as it comes in, you deal with your case individually, that goes from a full assessment, do the J88, do the FCS, the court system.” – P(4)

“Family preservation services in order to see what we can do maybe to the child, keep the child or return the child back to the family.” – P(15)

“Unfortunately a part of the process, if you want the perpetrator to be prosecuted, is that the child has to go through a forensic social worker.” – P(1)

“... the assessment and the legal process [...] no I am first I come in with assessment sometimes I make the case at the police station and complete the criminal process and I referred for intervention sometimes afterwards in terms of recommendations it's mainly about a first report and to give that as uncontaminated as possible and evaluated.” – P(5)

Participants stated that they were rendering services on the statutory level according to the ISDM (Department of Social Development, 2006) and the Framework for Social Welfare Services (Department of Social Development, 2013). The statutory level of service rendering is where a social worker would remove a child and place them in alternative care. Social workers are legally mandated to work in the best interests of the child as is enshrined in section 150 of the Children's Act (Republic of South Africa, 2005). Social workers are also mandated to determine if a child is in need of care and protection and should this be the case, then it may be in the best interests of the child to be removed and placed in alternative care. However, from the participants' narratives it appears that work is rendered more on the statutory level than on the prevention and early intervention level. The finding that social workers were rendering services on the statutory level from the outset is in contradiction with policy documents such as the ISDM (2006), the Framework for Social Welfare Services (2013) and the Children's Act which state that services should be rendered and focused on the prevention and early intervention level and that removing the child should always be the last resort. When rendering services on the statutory level, social workers would utilise section 150 of the Children's Act (Republic of South Africa, 2005) should there have been a reference to children displaying ISB contained in section 150 of the

Children's Act, namely that those children could be in need of care and protection, that reference would give social workers protocol for how to intervene with children that display ISB, together with the fact that the criminal capacity of the child should be determined. Despite participants rendering statutory services to children displaying ISB, no participants referenced rendering reintegration services, which is enshrined in the White Paper on Families (Republic of South Africa, 2013), the Children's Act (Republic of South Africa, 2005) and the ISDM (Department of Social Development, 2006).

4.6 CONCLUSION

An empirical investigation into the views of social workers on contributing factors to ISB in children under the age of fourteen was conducted and an analysis of the empirical findings gathered by means of semi-structured interviews, were presented in this chapter. The third objective for this study, which was to explore the views of social workers on contributing factors to inappropriate sexual behaviours in children under the age of fourteen, has thus been achieved.

In this chapter it was established that participants have a lack of knowledge on policies and legislation to guide them in service rendering to children under that age of fourteen who display ISB. It was also found that the little policy and legislation they utilised were insufficient as these were not particularly referring to children who display ISB.

When participants were asked to identify contributing factors to ISB in children under the age of fourteen within the individual systems or levels of Bronfenbrenner's ecological perspective, social workers expressed the view that a history of prior victimisation was considered to be a contributing factor. Participants viewed any abuse as a possible contributing factor to ISB in children under the age of fourteen. This is supported in international and South African literature.

In the microsystem, social workers identified contributing factors within the family and the home environment. An absent caregiver was seen as a contributing factor regardless of the reason for the absence, it was also seen that such absence resulted in a lack of supervision providing opportunities for children to engage in ISB. Within the

home environment a lack of privacy and being placed in a children's home were both seen to contribute to children displaying ISB.

Within the mesosystem participants identified several factors within the school setting, such as poor sexual education, referrals, and a lack of supervision as contributing factors to ISB in children under the age of fourteen. Participants also identified that peers could have a positive or negative contribution to children displaying ISB.

In the exosystem, participants identified social media, the internet, and child sexual abuse material and pornography as contributing factors to children displaying ISB.

Finally, in the macrosystem social workers identified a failing justice system and transgenerational abuse as contributing factors to ISB in children.

When asked, participants identified that they were rendering services on the early intervention level and statutory level as identified within the ISDM and the Framework for Social Welfare Services. Despite social workers being mandated to render the majority of their services on the prevention and early intervention levels, participants instead were seen to render most of their services on the early intervention and statutory level. Therefore, the revision of section 150 of the Children's Act should be considered so as to include a reference to children displaying ISB who may also be in need of care and protection as this would assist social workers in being able to identify and apply existing protocol to children who display ISB.

The findings of the empirical investigation were confirmed and controlled against findings in Chapter Two and Chapter Three. It was found that there was limited research and literature available pertaining to children who display ISB and to the factors that contributed to such behaviour. This could be due to a lack of awareness about ISB and limited research on certain aspects. In the next chapter, the conclusions and recommendations arising from this study will be discussed.

CHAPTER FIVE:

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This study aimed to examine the views of social workers on contributing factors to children, under the age of fourteen, displaying inappropriate sexual behaviours (ISB). This aim was attained through the implementation of four research objectives. The first objective of the study was attained in Chapter Two, in which policy and legislation in South Africa which informs social workers working with children who display ISB were discussed. The second objective was to identify and discuss the contributing factors to the display of ISB by children within an ecological perspective and the possible intervention services delivered by social workers which was submitted in Chapter Three. Chapter Four achieved the third objective by presenting the empirical investigation on the views of social workers on the contributing factors to ISB in children under the age of fourteen. In this final chapter conclusions, based on the collected data, is presented and recommendations provided concerning the contributing factors to children under the age of fourteen, displaying ISB.

5.2 CONCLUSIONS AND RECOMMENDATIONS

The conclusions and recommendations discussed in this chapter are based on the findings of the empirical investigation that were presented following structured themes and subthemes to that of Chapter Four, following the semi-structured interview schedule.

5.2.1 Profile of participants

The criteria for inclusion in this study mandated that participants had to be qualified as social workers, be registered as social workers, be proficient in English or Afrikaans, must have been conducting interviews with children who display inappropriate sexual behaviours for a minimum of two times a week and must have had at least two years'

experience rendering counselling, therapeutic intervention, or statutory intervention. Participants were between the ages of 24 and 52 years old. Most of the participants were aged between 24 and 33 years old. A minority of participants were between the ages of 36 to 46 years old, with only 2 participants above the age of 50. One can conclude that as the majority of social workers of the sample size were between 24 and 33 years old, that it is mostly young social workers who would be rendering services to children displaying ISB.

5.2.2 Years of experience working with children under the age of fourteen that display inappropriate sexual behaviours

The majority of social workers who participated in the study had between 5 to 10 years' experience working with children who display ISB. Of the participants, 8 had less than 5 years' experience while 3 participants had more than 10 years' experience; 2 of those participants' experience exceeded 20 years. In conclusion, the majority of the participants were young social workers with less than 10 years of work experience, but overall participants had between 2 and 26 years of work experience with children, under the age of fourteen who display ISB.

5.2.3 Current designation of social work

Out of the 18 participants 2 worked in residential care, one participant was a supervisor, 2 were forensic social workers, one was a school social worker, one participant worked in early childhood development, 5 participants were generic social workers, and 2 participants were probation officers. Given the variety of designations, it is clear that intervention for ISB is rendered by different social workers and in different designations. Services are thus rendered in various settings to children displaying ISB.

5.2.3.1 Conclusions

- All participants were female, which is in line with social work being a female-dominated profession.
- The majority of the participants were young, with less than 10 years' experience, in a range of social work designations and with varying years of experience working with ISB.
- The majority of the participants (11) had between 5 and 10 years' experience.

- All participants had varying designations of social work.
- Only 1 participant had a management position in the social work field.

5.2.3.2 Recommendations

- Since social workers from all age groups are rendering services to children displaying ISB, there is a need for continuous training and education about policy and legislative frameworks as well as literature to ensure a knowledgeable and uniformed response to rendering services to children displaying ISB in social work service delivery.

5.3 POLICIES AND LEGISLATION UTILISED WHEN RENDERING SERVICES TO CHILDREN, UNDER THE AGE OF FOURTEEN, WHO DISPLAY ISB

The policy and legislation utilised when rendering services to children who display ISB, as rendered by different social workers and in different designations were discussed and commented on by the participants. The various conclusions and recommendations are discussed below.

5.3.1 Familiarity with policies and legislation pertaining to children, under the age of fourteen, displaying ISB

The findings indicate that participants lack knowledge and familiarity with South African specific legislative documents and policies, as well as international and regional treaties. Participants were only able to identify international protocols and those who referenced international protocols found that those protocols could not always be applied within the South African context. Policy documents were also not often utilised due to them lacking any reference to ISB, with documents being outdated, and ISB not being a known issue at the time of their formulation.

Participants identified three legislative documents when rendering services to children displaying ISB. These were the Children's Act 38 of 2005, the Child Justice Act 75 of 2008 and the Sexual Offences Act 32 of 2007. However, it was found that participants were not always sure when to utilise which legislative document because they did not know whether the child displaying ISB was a victim, perpetrator, or both in terms of the legislation. This could be due to participants not knowing if they should view a child

with ISB as being a victim or a perpetrator or both in terms of the legislation which led to different intervention responses. If social workers have limited knowledge about policy and legislative documents, the limitations could influence rendering of social work services.

5.3.1.1 Conclusions

- Participants have a lack of knowledge about policy documents, such as the UNCRC and the ACRWC that could be applied to children displaying ISB in South Africa.
- There is a lack of reference to ISB in policy documents as these documents are not updated regularly and because at the time of their formulation ISB was not a known issue.
- Participants view international policies as being superior to South African policy documents, yet they are of the opinion that the international policies should be adapted to fit the South African context.
- Participants identified three South African legislative documents that they could apply to children displaying ISB; the Children's Act 38 of 2005, the Child Justice Act 75 of 2008, and the Sexual Offences Act 32 of 2007.
- Children displaying ISB are intervened with differently according to the participants' view of whether a child displaying ISB is a victim or a perpetrator of a crime, in terms of legislation.
- Section 150 of the Children's Act 38 of 2005 does not refer to children who display ISB as children in need of care and protection which means that the circumstances of the child that displays ISB does not have to be investigated. This situation leads to potential confusion in terms of the management of cases in terms of the Children's Act or the Sexual Offences Act as the child can be a victim, perpetrator, or both.

5.3.1.2 Recommendations

- Social workers should be knowledgeable about the different policies and legislation pertaining to services rendered to children displaying ISB.
- In-service training should be available to ensure that service delivery is tailored to policy and legislation guiding the intervention for children displaying ISB.

- More research should be done on why social workers in South Africa do not utilise existing legislation and policies when rendering services to children displaying ISB.
- Discrepancies in legislation around whether a child displaying ISB under the age of fourteen should be seen as a child in need of care and protection in line with section 150 of the Children's Act (Republic of South Africa, 2005) or as a child who committed a sexual crime in terms of the Sexual Offences Act (Republic of South Africa, 2007a) should be clarified.
- There should be a development of a protocol for the management of ISB cases in South Africa.

5.4 CONTRIBUTING FACTORS TO CHILDREN DISPLAYING ISB ON THE MICROSYSTEM OF THE ECOLOGICAL SYSTEM

The findings of contributing factors to children displaying ISB on the individual level were that a history of any kind of abuse is viewed by participants as being a contributing factor to ISB. Participants noted that a child displaying ISB did not have to experience sexual abuse themselves but could also have been exposed to sexual materials or witnessing someone engage in sexual activity. When commenting on values and beliefs, participants identified that the caregiver's values and beliefs could contribute to a child displaying ISB. Participants expressed that a caregiver with a strong value and belief system could affect the way in which children behave positively. Likewise if a parent or caregiver engaged in sexual acts or illegal activities in front of their children it would create a belief within children that this kind of behaviour was acceptable and would thus negatively influence their behaviour.

Contributing factors on the microsystem, specifically in the family, were seen as absent caregiver or guardian that resulted in a lack of supervision. This lack of supervision would typically allow children to engage in illegal activities or sexual acts. Within the microsystem findings were also supportive of a lack of privacy being a contributing factor, this presented an opportunity for children to witness people within the home engaging in sexual acts, some of them illegal, such as prostitution. Similarly the home environment in a children's home or a Child and Youth Care Centre (CYCC) was seen as a risk factor for experiencing ISB as children may display ISB or engage with others

in ISB due to their history of abuse and trauma and having easier access to one another.

It can thus be determined that a history of abuse, the caregiver's beliefs and values, a lack of supervision, a lack of privacy, and being placed in a CYCC are all viewed by participants as contributing factors within the microsystem to children who display ISB.

5.4.1 Conclusions

- Most participants agreed that age is not a contributing factor to ISB in children.
- Many participants indicated that a child of any gender would display ISB, however that male children were often more likely to be referred for counselling than female children.
- Most participants noted that cognitive abilities have no correlation to a child displaying ISB.
- Several participants noted that a low cognitive ability was a potential risk factor for victims of ISB.
- Most participants agreed that children of all social skills are able to display ISB, often children who have good social skills are overlooked as they are not perceived to be capable of displaying ISB.
- Most participants agreed that prior victimisation is a contributing factor to ISB; the history of prior victimisation could include sexual abuse, physical abuse and neglect or any form of trauma.
- Some participants indicated that a caregiver's values and beliefs could contribute to a child's ISB by modelling positive or negative behaviour to children. Other participants contradicted this and felt a caregiver's values and beliefs were not a contributing factor to children displaying ISB.
- Most participants noted that an absent caregiver creates an opportunity for children to engage in ISB and to be exposed to illegal activities or violence.
- Most participants found that overcrowding of properties within South Africa means that children sleep in the same room as their caregivers, who would engage in sexual intercourse in front of their children, sometimes unintentionally.
- Most participants found that children in overcrowded properties are more often exposed to illegal activities, such as prostitution or watching pornography.

- Most participants noted that children placed in alternative care are exposed to ISB displayed by other children.
- Participants articulated those children placed in alternative care who display ISB may engage other children in ISB, exposing more children to trauma.

5.4.2 Recommendations

- Social workers should be aware of a child's history of abuse so that social work services could be directed at the child to intervene before this trauma influences a child's behaviour negatively.
- Social workers should provide parenting classes and child education classes to caregivers and guardians on appropriate sexual behaviour in front of children.
- Social workers should be provided with in-service training to ensure that if they render services to children displaying ISB these social workers have knowledge about the factors contributing to ISB on a micro-level of the ecological perspective.
- Social workers should ensure services rendered include an investigation into the home environment of children displaying ISB to determine if those living in the house need education on possible risk factors.
- Social workers and child and youth care workers (CYCW) working in CYCCs need training on the importance of supervision and appropriate interventions for children displaying ISB within the CYCC.
- Children who are admitted to a CYCC require screening and intervention to possibly prohibit the display of ISB and protect vulnerable children in the institution from children displaying ISB.

5.5 CONTRIBUTING FACTORS WITHIN THE MESOSYSTEM

It was found that there were contributing factors within the mesosystem in two primary systems that children who display ISB interacted with, namely the school and peer groups. It was further found that sex education in the South African school system was insufficient and often superficial. Findings also supported that school settings created some areas where teachers could not supervise children and so children could engage in ISB on the school premises. Findings also highlighted that peer groups put peer

pressure on children that encouraged those children to perform ISB or be exposed to ISB.

5.5.1 Conclusions

- Sex education in schools is insufficient, often superficial and relies heavily on “blame” and “shame” tactics.
- Educators at school do not provide adequate supervision, allowing children to engage in ISB within a school setting.
- Peer groups would often place peer pressure on children to watch illegal or violent materials or engage in ISB.

5.5.2 Recommendations

- Educators need training on the importance of supervision within school settings.
- Educators need training on how to refer children displaying ISB to social workers so that services can be rendered.
- Sex education in schools should educate children on ISB, including legislation pertaining to ISB and how to report ISB.

5.6 CONTRIBUTING FACTORS ON THE EXOSYSTEM

The findings indicate that participants view social media and access to child sexual abuse material or pornography as contributing factors to ISB in children. Findings showed that participants were aware of a rise in social media access that allows children access across various platforms, including violent and illegal material. Social media platforms and the internet were seen to expose children to sexualised behaviour and child sexual abuse materials which could result in children modelling such behaviours by displaying ISB. It can be concluded that participants were aware of the internet creating more opportunities for children to be exposed to or become engaged in sexual activities and see this as contributing to ISB in children, especially in situations where caregivers do not supervise to which materials children have access to.

5.6.1 Conclusions

- Children are exposed to social media much more than in previous years.
- Children are increasingly exposed to sexual materials or media with a sexual undertone.
- Children have unrealistic expectations of appropriate ways to engage with one another due to social media platforms, which participants noted in the way children communicate with one another.
- Parents and caregivers are unaware of social media and the impact these platforms may have on children and their behaviour.
- Children can easily access pornography and child sexual abuse materials.
- Some caregivers are unaware of pornography and how easily accessible it is for children to access.
- Some caregivers occasionally expose children to pornography, which may contribute to children displaying ISB.
- Children's exposure to pornography is a contributing factor to them displaying ISB.

5.6.2 Recommendations

- Social workers should have knowledge of the impact that pornography, child sexual abuse materials, and violent and illegal materials may have on a child's behaviour and development.
- Social workers should be educated on the appropriate interventions for children who are exposed to illegal and violent materials on social media platforms and the internet.
- Social workers and schools should educate communities, learners and parents on the internet and safety measures which caregivers can implement to prevent children from being exposed to violent and illegal material on the internet.

5.7 CONTRIBUTING FACTORS ON THE MACROSYSTEM

The findings indicate that participants view a failing justice system and the cycle of abuse as contributing factors within the macrosystem. Participants identified that within South Africa's justice system, attempts at reporting, laying charges and sentencing are

often unsuccessful, often resulting in an inconsistency in data and statistics concerning the prevalence of children who display ISB. Similarly, participants are of the view that the justice process is not being followed through and implemented, often leading to an assumption within the community that sexual offences will not be prosecuted, resulting in children displaying ISB as these children do not see that their actions have any consequences. Due to such a lack of consequences and not witnessing that justice prevails, people within the community have been experiencing regular abuse, trauma and violence, thus they could have come to perceive children who display or experience ISB not to be in need of intervention or not to report their ISB, as this behaviour is seen to be “the norm.”

5.7.1 Conclusions

- South Africa’s justice system and its protocols, mandates and processes are not always adhered to, often resulting in those who criminally offend not to be brought to justice and not to receive adequate intervention.
- When criminals are not prosecuted for their crimes and if they subsequently do not receive any intervention for their ISB, it creates the idea that ISB is normal and acceptable.
- South Africa’s justice system sometimes fails to address child sexual abuse cases and prosecute those who perpetrated such crimes, which leaves communities and individuals under the impression that laws do not have to be followed.
- When participants try to prosecute criminals or follow criminal proceedings, they find that these proceedings are often incomplete or unsuccessful.
- The failure of the South African justice system has created a cycle of abuse, meaning that abuse is perpetrated in various areas and over various generations without intervention, which participants see as a contributing factor to children displaying ISB.

5.7.2 Recommendations

- Training needs to take place with all stakeholders on the appropriate ways for managing and intervening with children who display ISB, including how to negotiate the South African justice system.

- Training needs to be conducted with various stakeholders on South Africa's justice system and its protocols, including its mandates and processes so they can be adhered to, and those who criminally offend can be brought to justice and receive adequate intervention.
- Social workers should render community-based projects on addressing a history of abuse.
- Children who display ISB should be registered on the sexual offences list in line with the Sexual Offences Act 32 of 2007.
- More prosecutors, police officers and social workers should be allocated to the prosecution of ISB and sexual offences.

5.8 LEVELS OF THE ISDM AND THE FRAMEWORK FOR SOCIAL WELFARE SERVICES ON WHICH SOCIAL WORKERS MOSTLY RENDER SERVICES

As previously mentioned this study In order to gain an understanding of social work services rendered to children displaying ISB, participants were asked what services they render to children displaying ISB. The services that participants referenced as being rendered were applied to the levels of the Integrated Service Delivery Model (ISDM) (Department of Social Development, 2006) and the Framework for Social Welfare Services (Department of Social Development, 2013). From the findings of this study, it can be concluded that social work services to children displaying ISB are classified as either early intervention services or statutory services. With early intervention services participants either render therapeutic services themselves or refer children to outside organisations. It was also found that participants mostly rendered services on the statutory level which may involve preparing a child who has experienced or displayed ISB for court, conducting a forensic assessment, taking part in court proceedings, or removing the children and placing them in alternative care.

5.8.1 Conclusions

- Statutory services are mostly rendered to children displaying ISB and prevention services as indicated in ISDM (2006) are rendered much less often to children displaying ISB.
- Statutory services are rendered but are not accompanied by reintegration services when appropriate.

- Social workers do not follow the recommendations of the Children's Act 38 of 2005, the White Paper for Social Welfare, or the ISDM (2006) which states statutory service should be a last resort.

5.8.2 Recommendations

- Prevention services should be delivered to educate communities and families about the factors contributing to ISB and to enable communities to report cases of ISB.
- Awareness campaigns about sexual abuse and ISB should be implemented to educate communities and parents on social media and general behaviour in overcrowded households and on the importance of privacy.
- Statutory services should be offered as a last resort, in line with policy documents.
- Reintegration services should be rendered after statutory intervention has taken place.

5.9 FURTHER RESEARCH

- It is suggested that further research regarding the nature of intervention services available to children displaying ISB be conducted.
- Further research is also needed on how the understanding and awareness of policy and legislation can improve service rendering to social workers intervening with children displaying ISB.

5.10 CONCLUSION

The research question of the study was to explore the views of social workers on the contributing factors to inappropriate sexual behaviours in children under the age of fourteen. This question has been answered through applying a qualitative research method utilising an exploratory and descriptive research design.

According to the findings of the study, participants are of the view that there are various contributing factors to children displaying ISB, and that these factors can be identified according to Bronfenbrenner's ecological perspective of the child on an individual, micro-, meso- and macro-level. Nonetheless, a lack of awareness, policy and

legislation negatively impacts on service rendering to children displaying ISB, which could reinforce the negative cycle of ISB in children.

It is clear from the study that there is a need for the view of social workers on contributing factors to children displaying ISB and that social workers need to be empowered to apply policies and legislation which guide service rendering to children who display ISB. Additionally, there is a need for ISB education for caregivers and social workers.

It is furthermore important that the South African government need to acknowledge how important it is that social workers and services be aware of ISB and that appropriate funding and resources for the rendering of services to children who display ISB, should be facilitated. The researcher anticipates that the findings of this study and its recommendations will be well accepted by stakeholders and that it could assist in improving social work services to children displaying ISB and their caregivers.

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APPENDIX A: INFORMED CONSENT FORM



UNIVERSITEIT
STELLENBOSCH
UNIVERSITY

STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

TITLE:

INAPPROPRIATE SEXUAL BEHAVIORS IN CHILDREN UNDER THE AGE OF 14: VIEWS OF SOCIAL WORKERS ON CONTRIBUTING FACTORS

You are invited to participate in a research study conducted by Ms Simone Oberholzer, a master's student from the Social Work Department at the University of Stellenbosch. The results of this study will become part of a research report. You were selected as a possible participant in this study because you:

- Are a social worker who has worked with children under the age of fourteen who display Inappropriate Sexual Behaviours
- Have been working in this setting for a minimum duration of two years
- Conducts interviews with children who display inappropriate sexual behaviours at least twice a week.

1. AIM OF THE STUDY

The aim of the study is to gain an in-depth understanding about the views of social workers on contributing factors which results in children, under the age of fourteen, displaying inappropriate sexual behaviours.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following:

A semi-structured interview schedule will be utilised to gather information confidentially. You need not indicate your name or any particulars on the interview schedule. The schedule will be completed during a virtual semi-structured interview conducted by the researcher for a duration of forty-five minutes.

Confidentiality will be maintained by means of coding where each interview schedule is numbered and the number assigned to a participant will be used in the final write up to uphold confidentiality.

The data collected will be able to be stored on a platform additionally to a computer, in this instance an iCloud Drive where the loss of data will not result from a loss of any device.

3. POTENTIAL RISKS AND DISCOMFORTS

No risks are foreseen, and the only discomfort could be a time discomfort. Any uncertainties on any of the aspects of the interview schedule you may experience during the interview can be discussed and clarified at any time.

4. POTENTIAL BENEFITS TO SUBJECTS OR TO SOCIETY OR TO BOTH

The results of the study will generate data on views of professionals perceived to be contributing factors to children under the age of fourteen displaying inappropriate sexual behaviours. This data will contribute to an in-depth understanding about the contributing factors to children displaying ISB, the Department of Social Development and the general public. Furthermore, the research will contribute essential information and an in-depth understanding about the views of social workers on contributing factors to ISB in children which could then lead to more effective social service delivery by social workers.

5. PAYMENT FOR PARTICIPATION

No payment in any form will be received for participating in this study.

6. CONFIDENTIALITY

Any information obtained in connection with this study and information that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of coding where each interview schedule is numbered. All completed interviews will be managed, analysed, and processed by the researcher.

The interview will be audio taped. The participant can at any time ask to review the audiotape. The audiotape will be kept in the researcher's room, in a locked cabinet accessible to the researcher only. The recordings will be deleted after the researcher have transcribed and analysed the data.

Transcriptions will be safeguarded on the personal computer of the researcher with a password that is known only to the researcher. The study will be released by Stellenbosch University in the form of a thesis that is available for viewing to those who have access to the University's library website.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and remain in the study. The researcher may withdraw you from this research if circumstances arise that warrant doing so, for example if you influence other participants in the completion of their semi-structured interviews. Furthermore, if you decide to withdraw from the study once data has already been collected, the researcher will discontinue the participant's research activities and destroy the collected data.

8. IDENTIFICATION OF SUPERVISOR AND THE STUDENT-RESEARCHER

If you have any questions or concerns about the research, please feel free to contact the supervisor or student-researcher.

Supervisor: Dr M Strydom, Department of Social Work, University of Stellenbosch, Tel. 021-808 2070, e-mail: mstrydom@sun.ac.za

Researcher: Simone Oberholzer

Cell. 082 904 7001, e-mail: simoneoberholzer27@gmail.com

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact ms Maléne Fouché (tel. 021 808 4622, or e-mail: mfouche@sun.ac.za) at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to the participant by the student-researcher, Simone Oberholzer, in English and the participant is in command of this language or it was satisfactorily translated to the participant. The participant was given the opportunity to ask questions and these questions were answered to the satisfaction of the participant.

I hereby agree to voluntarily participate in this study.

.....
Name of participant

.....
Signature of participant

.....
Date

SIGNATURE OF INVESTIGATOR OR RESEARCHER

I declare that I explained the information given in this document to [name of participant]. The participant was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

.....
Signature of investigator or researcher

.....
Date

APPENDIX B: SEMI STRUCTURED INTERVIEW SCHEDULE

UNIVERSITY OF STELLENBOSCH

DEPARTMENT OF SOCIAL WORK

SEMI-STRUCTURED INTERVIEW SCHEDULE

Contributing factors to inappropriate sexual behaviors in children under the age of 14: views of social workers

Researcher: Simone Oberholzer

1. Profile of social worker interviewed.

Number of years as a Social Worker	
Gender	
Current age	
Years working with children under the age of fourteen who display ISB	
Type of services rendered	

2. Participants' perceptions on policy and legislation pertaining to ISB in children?

2.1 What policy do you utilise in service rendering to children who displayed ISB?

2.2 What legislation do you utilise in service rendering to children who display ISB?

2.3 Do you feel this policy and legislation is sufficient?

3. Participants' perceptions of possible contributing factors on an individual level
Bronfenbrenner's Ecological Model is one of nested systems. The first of these systems is identified as the individual: characteristics of the children may include age, gender and temperament. Cole and Cole (2001), influenced by Bronfenbrenner's theory, argue that the first level influences how a child responds and engages in other contexts that effect his/her development.

3.1 What is your perception on age being a contributing factor to children displaying ISB?

3.2 What is your view on gender contributing to a child displaying ISB?

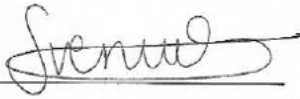
- 3.3 What is your view on cognitive abilities and education contributing to a child displaying ISB?
 - 3.4 What is your experience on a lack of social skills being a contributing factor to a child displaying ISB?
 - 3.5 What is your view on prior victimization of children who display ISB?
 - 3.6 What is your view on values and beliefs being a contributing factor to children displaying ISB?
4. Participants' perceptions of possible contributing factors on a microsystem. The microsystem, when looking at children who displays ISB, can be seen as consisting of the family, The school and a child's friendship group of their families (Hall & Richter, 2018:22-23).
 - 4.1 How do you see the influence of family on children who display ISB?
 - 4.2 How do you see a school environment contributing to the presence of ISB?
 - 4.3 What is your experience of friendship groups and the role they play?
 5. Participants' perceptions on the mesosystem and possible contributing factors? The mesosystem goes one step forward in Bronfenbrenner's model and addresses the relationship and influence between microsystems. These interactions between systems could be the contributing factor to changes in the development of a child. For example a negative home environment could be the cause of a bad school performance. The same could be said for why a child chooses to engage in antisocial behaviour to gain acceptance from his/her peers when s/he experiences a turbulent home life. Ward (2007) continues this line of thinking by stating that a risk in one system may affect the level of risk in others.
 - 5.1 Explain in your own words the influence the home environment can have on the presence of ISB in children?
 6. Participants' perceptions on the exosystem and possible contributing factors? The exosystem alludes to areas which the child may have limited direct interaction but that nonetheless affects them. This level would include media and the greater community, specifically the social sphere and personal relationships. With a rise in access to media and the ability to form relationships and share information via various platforms children have access to violent and illegal material.
 - 6.1 What is your view on contributing factor to ISB children in the exosystem?

7. Participants' perceptions on the macrosystem and possible contributing factors?
This macrosystem level embodies areas of influence such as socio-economic status, government policy & legislation, cultural and social practises and for the purpose of this study ISB. Key elements in the Ecological Perspective are the interactions between the various layers and nested systems, none of which should be examined in isolation (Omar 2010; Ward, 2007).
 - 7.1 What is your view on contributing factor to ISB children found in the macrosystem?
8. Participants' perceptions on available prevention or intervention services?
 - 8.1 What services do you render to children who display ISB?
9. Participants' perceptions on any other contributing factors to children who display ISB?
 - 9.1 Do you think there are any other contributing factors that have not been mentioned or discussed which you have found to be present in children you have rendered services with?

... THANK YOU ...

APPENDIX C: INDEPENDENT CODER DECLARATION

I, Svenja Kuehnemann, hereby declare that I read through the semi-structured interviews and empirical research chapter of Simone Oberholzer (the researcher) and that my findings correspond with the themes, sub-themes and categories as suggested in the empirical study.



Signature

20 August 2021

Date

APPENDIX D: ETHICAL CLEARANCE



NOTICE OF APPROVAL

REC: Social, Behavioural and Education Research (SBER) - Initial Application Form

26 November 2020

Project number: 19147

Project Title: CONTRIBUTING FACTORS TO INAPPROPRIATE SEXUAL BEHAVIORS IN CHILDREN UNDER THE AGE OF 14: VIEWS OF SOCIAL WORKERS

Dear Miss Simone Oberholzer

Your REC: Social, Behavioural and Education Research (SBER) - Initial Application Form submitted on 29 October 2020 was reviewed and approved by the REC: Social, Behavioural and Education Research (REC: SBE).

Please note below expiration date of this approved submission:

Ethics approval period:

Protocol approval date (Humanities)	Protocol expiration date (Humanities)
26 November 2020	25 November 2023

GENERAL REC COMMENTS PERTAINING TO THIS PROJECT:

INVESTIGATOR RESPONSIBILITIES

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

If the researcher deviates in any way from the proposal approved by the REC: SBE, the researcher must notify the REC of these changes.

Please use your SU project number (19147) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

You are required to submit a progress report to the REC: SBE before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary).

Once you have completed your research, you are required to submit a final report to the REC: SBE for review.

Included Documents:

Document Type	File Name	Date	Version
Research Protocol/Proposal	Simone Oberholzer Masters Research Proposal 29.10.2020	29/10/2020	1
Informed Consent Form	APPENDIX A CONSENT FORM	29/10/2020	1
Data collection tool	APPENDIX B THEMES FOR STRUCTURED INTERVIEW	29/10/2020	1

If you have any questions or need further help, please contact the REC office at cgraham@sun.ac.za.

Sincerely,

Clarissa Graham

REC Coordinator: Research Ethics Committee: Social, Behavioral and Education Research